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ABSTRACT

This manual was developed to help students preparing to become emergency medical technicians (EMTs) learn standardized basic skills in the field. The manual itemizes the steps and performance criteria of each required skill and uses an accompanying videotape series (not included) to enhance the educational experience. The five units of the manual, keyed to the five tapes of the series, cover the following: (1) patient assessment, including pulse, respiration, blood pressure, and temperature; (2) cardiopulmonary resuscitation for adults and children and treating complete airway obstruction; (3) splinting injuries and transporting patients; (4) oxygen administration; and (5) hemorrhage control, wound dressing, shock management, and childbirth. Three appendixes cover skills for using a short spine board and pneumatic antishock garments and list references for each of the 40 EMT skills covered in the manual. (KC)

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ED 380 634

BASIC EMERGENCY MEDICAL TECHNICIAN SKILLS MANUAL

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Oklahoma Department of
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Stillwater, OK 74074-4364

BASIC EMT SKILLS MANUAL

Developed by

Curriculum and Instructional Materials Center
Oklahoma Department of Vocational and Technical Education

and

Oklahoma State Department of Health,
Emergency Medical Services Division

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FOREWORD

This *Basic Skills Manual* was developed in response to the need of those who enter the field of emergency medical services. It also insures standardization of basic skills to meet those needs, regardless of where the training is obtained.

This *Manual* itemizes the steps and performance criteria of each required skill and, through the use of the accompanying videotape series, enhances the educational experience. Use of these materials as a free-standing instructional method was not the intent of the educational staff that developed them and is not condoned by the Oklahoma Emergency Medical Services Division. The local instructor is still fully responsible and accountable for the actual instruction of each skill presented, and to insure that each student develops competency in each.

It is our desire that each candidate who successfully completes a course of EMT instruction will have the basic skills necessary to alleviate the pain and suffering of a prehospital patient in such a manner that the patient returns to a normal way of life.

Eddie Manley, Director
Emergency Medical Services Division
Oklahoma State Department of Health

ACKNOWLEDGMENTS

The first *Basic Skills Manual* was developed in 1987 as a result of the work of a number of professionals serving on an education subcommittee within the Oklahoma State Department of Health. Since this first edition, the competency of emergency medical technicians in performing these basic skills has improved dramatically. However, the need remains for supplemental training to enhance the training received in the standard EMT course.

The purpose of this document is to accompany the instructional videotape series of these basic skills. The overall goal of this *Manual* and the videotape series is to save lives.

This document is the result of the dedication and professionalism of many individuals and organizations. I want to recognize the work of Rita Parker, NREMT-P, and Wes Lininger, NREMT. At the Oklahoma Department of Vocational and Technical Education, thanks are due Tamera Danel, Adult Training Specialist; Dana Cole and Perry Thoele of the Audiovisual Production Center; Rose Primeaux, Supervisor, Vicki Marton, Assistant Supervisor, and Jennifer Bodine of the Word Processing Center; and Noel Wilcoxson, Plant Manager at the Print Shop. The cover artwork was designed under the direction of Bob Davis, Art Manager.

I sincerely appreciated the opportunity to work with Ken Corn and Larry Fountain. Thank you both!

Robert Hawley
State Training Coordinator
Emergency Medical Services Division,
Oklahoma State Department of Health

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TAPE ONE

Skill Areas

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NAME: ______________________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: __________________ DATE: ______________________

SKILL 1: PULSE ASSESSMENT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Locate pulse point.	Place the tips of two or three fingers (do not use thumb) on either the radial or carotid pulse.	Pulse point is correctly located.	__________
2. Assess pulse.	1. Count the number of beats in 15 seconds and multiply by four.	Pulse rate is correctly identified in beats per minute.	__________
	2. Determine if pulse rhythm is regular (smooth) or irregular.	Pulse rhythm is correctly identified as regular or irregular.	__________
	3. If rate or rhythm is irregular, count apical pulse for one minute.	Irregular pulse is correctly identified in beats per minute.	__________
	4. Feel pulse to assess if pulse is strong, bounding, or weak.	Pulse quality is correctly identified.	__________
3. Record findings.	Record findings and time on a report form for transfer to advanced care provider.	Findings are recorded correctly.	__________

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 2: RESPIRATION ASSESSMENT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Observe chest.	Watch chest and abdomen for rise and fall of respirations. (Do not tell patient you are evaluating respiration.)	Patient's inspirations and expirations are identified.	
2. Identify abnormal odors.	Smell patient's breath for abnormal odors.	Abnormal odors on patient's breath (i.e., fruity, alcohol, etc.) identified as present or absent.	
3. Determine rate of respirations.	1. Count respirations for 30 seconds; then multiply by two.	Rate of respirations per minute calculated accurately.	
	2. Observe rhythm of respirations.	Respirations identified as even or irregular.	
	3. Count for 1 minute if irregular.	Irregular respiratory rate is correctly identified in breaths per minute.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. Observe sound of respirations.	Sounds of respirations identified as normal or abnormal (i.e., snoring, gurgling, stridor, etc.).	________
	5. Observe depth of respirations.	Abnormal depth of respirations identified (i.e., shallow, deep, or Cheyne-Stokes).	________
	6. Observe breathing effort.	Abnormal breathing efforts (i.e., labored, painful, etc.) identified.	________
	7. Observe chest for symmetry of movement.	Symmetry is identified as normal or abnormal.	________
4. Record findings.	Write findings on a report form for transfer to advanced care provider.	Findings are correctly recorded.	________

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________ DATE: ______________________

SKILL 3: BLOOD PRESSURE DETERMINATION

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine availability of equipment.	Scan mental checklist of equipment.	Verbalize that needed equipment is present or missing.	________
2. Place sphygmomanometer (B/P cuff) on patient's arm.	Wrap cuff around arm (preferably the left arm) with hoses toward patient's hand.	Cuff is on arm 1½ to 2 inches above the antecubital fossa (elbow).	________
3. Put on stethoscope.	1. Place stethoscope in ears with earpieces pointing forward.	Stethoscope is placed in ears, excluding outside sounds.	________
	2. Tap diaphragm with finger to check for proper function.	EMT can hear tapping sound, confirming stethoscope is properly placed and functioning.	________
4. Locate brachial pulse.	Palpate brachial pulse in the antecubital fossa with two fingers of one hand.	Brachial pulse accurately located.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Inflate B/P cuff.	Inflate cuff while feeling brachial pulse; inflate until pulse disappears; continue inflation until pressure reads 20-30 mm Hg above the point where pulse disappeared.	B/P cuff is inflated 20 to 30 mm Hg above systolic blood pressure.	
6. Place stethoscope diaphragm over brachial pulse.	Place diaphragm of stethoscope over brachial pulse in the antecubital fossa with two fingers of one hand. (Do not use thumb.)	Stethoscope diaphragm is properly positioned over the brachial artery in the antecubital fossa.	
7. Release air from B/P cuff.	Slowly release air from cuff with two fingers of one hand while holding stethoscope with the other hand. (Use a drop rate of 2 mm per pulse beat.)	Air is released from B/P cuff slowly enough to hear exactly where sounds return.	
8. Note systolic pressure.	Listen for pulse sound to return.	Systolic pressure is accurately identified.	
9. Note diastolic pressure.	Continue to let air out of B/P cuff until a tone change is noted.	Diastolic pressure is accurately identified.	
10. Complete deflation.	Continue deflating B/P cuff until all pressure is released from cuff.	Pressure gauge on cuff reads "0."	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
11. Record findings.	Write findings and time on a report form for transfer to advanced care provider.	Findings are correctly recorded.	
12. Repeat blood pressure determination.	Repeat process from beginning every few minutes while patient is in your care.	Changes in blood pressure are identified.	
13. Remove B/P cuff.	Deflate and remove cuff from arm.	1. Cuff deflated (gauge reads "0") and removed from arm without causing further injury.	
		2. Cuff is folded and returned to carrying case.	

NAME: ______________________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ____________________

DATE: ______________________

SKILL 4: BLOOD PRESSURE DETERMINATION BY PALPATION

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine availability of equipment.	Scan mental checklist of equipment.	Verbalize that needed equipment is present or missing.	________
2. Place sphygmomanometer (B/P cuff) on patient's arm.	Wrap cuff around arm (preferably the left arm) with hoses toward patient's hand.	Cuff is on arm 1½ to 2 inches above the antecubital fossa (elbow).	________
3. Locate brachial pulse.	Palpate brachial pulse in the antecubital fossa with two fingers of one hand.	Accurately locate brachial pulse.	________
4. Inflate B/P cuff.	Inflate cuff while feeling pulse; inflate cuff until pulse disappears; continue inflating cuff until pressure reads 20-30 mm Hg above the point where pulse disappeared.	B/P cuff is inflated 20 to 30 mm Hg above systolic pressure.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Release air from B/P cuff.	Slowly release air from cuff while feeling for a return of the pulse with two fingers of the other hand.	Air is released from B/P cuff slowly enough to feel exactly when pulse returns.	________
6. Note systolic pressure.	Feel for pulse to return.	Systolic pressure is accurately identified.	________
7. Complete deflation.	Continue deflating B/P cuff until all pressure is released from cuff.	Pressure gauge on cuff reads "0."	________
8. Record findings.	Write finding and time on a report form (making special note that B/P was by palpation).	Findings are correctly recorded with note that B/P was by palpation.	________
9. Repeat blood pressure determination.	Repeat process from beginning every few minutes while patient is in your care.	Changes in blood pressure are identified.	________
10. Remove cuff.	Deflate and remove cuff from arm.	Cuff deflated (gauge reads "0") and removed from arm without causing further injury.	________

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL 5: TEMPERATURE ASSESSMENT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Choose appropriate location.	1. Place the back of your hand on the patient's forehead, face, or neck.	Skin is palpated.	________
	2. Determine if the patient's skin temperature is hot, warm, or cold.	Relative temperature is determined.	________
2. Observe patient's skin.	1. Determine if the patient's skin is wet or dry.	Patient care record is properly completed.	________
	2. Determine color of the patient's skin.		
	3. Record findings.		

NAME:

EVALUATOR/INSTRUCTOR:

PROGRAM LOCATION:

DATE:

SKILL 6: PRIMARY PATIENT SURVEY

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Establish Level of Consciousness (LOC).	Gently tap shoulders and ask, "Are you okay?"	Patient's Level of Consciousness (LOC) determined.	
2. Check for open airway and breathing.	1. Open the airway using the head-tilt chin-lift maneuver.	Airway is open and patient is breathing.	
	2. Look, listen, and feel for signs of breathing.	Assist respirations as needed at rate of 12/minute (adult).	
	NOTE: Correct all life threats as identified.		
	3. Assess rate and rhythm of breathing.		
3. Check pulse.	1. Feel for pulse at the carotid artery.	Determine if patient has a pulse.	
	2. Assess rate and quality.	CPR administered if needed.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
4. Check for major bleeding.	Visually scan patient for signs of major venous/arterial bleeding (feel for bleeding in areas that cannot be easily seen).	Major bleeding controlled.	________

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 7: SECONDARY PATIENT SURVEY

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Inspect/palpate head and scalp.	Look and feel for injuries to the head and scalp (lacerations, depressions, contusions, etc.).	Injuries to the head and scalp located and identified.	______
2. Inspect/palpate neck.	1. Feel for injuries on the posterior neck (lacerations, depressions, contusions, deformity, etc.).	Injuries to the posterior neck located and identified.	______
	2. Inspect for anterior neck injuries, tracheal alignment, and jugular vein distention. (If movement is necessary, maintain axial alignment.)	Injuries to the anterior neck located and identified.	______
	3. Feel around patient's neck to locate "Medic Alert" tag.	"Medic Alert" tag located and medical information noted.	______

NOTE: While no individual skill in the secondary patient survey has a timed requirement, the patient survey should be conducted quickly and thoroughly.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
3. Inspect/palpate facial bones.	Look and feel for injuries to the face and facial bones (lacerations, depressions, contusions, etc.).	Injuries to the face located and identified.	
4. Check pupils.	Check pupils' response to light with a penlight (PERL — **P**upils **E**qual and **R**eactive to **L**ight).	Pupils' response to light identified.	
5. Inspect ears and nose.	1. Visually inspect the opening of the ears and nose.	Bleeding or spinal fluid drainage from the ears and nose identified.	
	2. Visually inspect for bruising behind the ears at the base of the skull ("Battle's Sign").	The presence of "Battle's Sign" identified.	
6. Inspect mouth.	Visually inspect inside mouth for broken teeth, lacerations, etc.	Injuries to mouth and tongue located and identified.	
7. Inspect and palpate shoulders, scapula, and chest.	1. Inspect and palpate shoulder joints.	Injuries to the shoulder joints located and identified.	
	2. Place hand under shoulder gently without moving patient.	Injuries to the scapula located and identified.	
	3. Inspect and palpate clavicles.	Injuries to the clavicles located and identified.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. Inspect and palpate sternum by applying pressure.	Injuries to the sternum located and identified.	
	5. Inspect and palpate anterior and lateral chest walls by squeezing lateral walls of chest firmly.	Probable injuries to the anterior and lateral chest walls located and identified.	
	6. Observe chest symmetry/ movement by looking and placing hands on the costal margin.	Injuries to the chest located and identified.	
8. Inspect and palpate abdomen.	While observing the face of the patient, press down (palpate) each individual quadrant, away from the area of complaint.	Signs/symptoms of internal injuries located and identified.	
9. Palpate suprapubic region.	Press straight down with the heal of the hand (note pain, crepitus, etc.).	Injuries to the suprapubic region identified.	
10. Palpate pelvis.	Press down on the iliac crest, followed by squeezing the iliac crest. DO NOT ROCK THE HIPS!	Injuries to the hip/pelvis region located.	
11. Inspect and palpate lower extremities.	1. Check femoral pulse(s).	Circulation to the legs checked.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Inspect and palpate upper legs (thighs).	Injuries to the upper legs and femurs located and identified.	________
	3. Inspect and palpate knees.	Injuries to the knee located and identified.	________
	4. Inspect and palpate lower legs.	Injuries to the lower legs located and identified.	________
	5. Inspect and palpate ankles and feet.	Injuries to the ankles and feet located and identified.	________
	6. Check posterior tibialis or dorsalis pedis pulses, for adequate perfusion to the feet (capillary refill).	Circulation to the lower legs and feet checked.	________
	7. Check motor/sensory functions by using a blunt instrument. Stimulate the bottom of the feet; observe reaction.	Possible injury to central nervous system (paralysis) identified.	________
	8. Check for "Medic Alert" tag.	"Medic Alert" tag located and medical information noted.	________
	9. Visually inspect for bilateral symmetry.	Abnormalities of symmetry identified.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
12. Inspect and palpate upper extremities.	1. Inspect and palpate upper arm.	Injuries to the upper arm located and identified.	
	2. Inspect and palpate elbow.	Injuries to the elbow located and identified.	
	3. Inspect and palpate forearm.	Injuries to the forearm located and identified.	
	4. Inspect and palpate wrist and hand.	Injuries to the hand located and identified.	
	5. Check radial pulse and perfusion to hand (capillary refill).	Circulation and perfusion to the hands and arm checked.	
	6. Check for "Medic Alert" tag.	"Medic Alert" tag located and medical information noted.	
	7. Check motor/sensory functions by applying pressure to the nail bed and observing the reaction.	Injury to the central nervous system (paralysis) identified.	
	8. Visually inspect for bilateral symmetry.	Abnormalities of symmetry identified.	
13. Inspect and palpate posterior chest and spine.	Feel for injuries to the chest and vertebrae. (If movement is necessary, maintain axial alignment.)	Injuries to the posterior chest and vertebrae located and identified.	

TAPE TWO
Part 1

Skill Areas: Cardiopulmonary Resuscitation (CPR)

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Skill 9: Two-Rescuer CPR for Adult Page 31
Skill 10: Infant Page 39
Skill 11: One-Rescuer CPR for Child 1 to 8 Years Old Page 45
Skill 12: Two-Rescuer CPR for Child 1 to 8 Years Old Page 51

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________

DATE: ______________________

SKILL 8: ONE-RESCUER CPR FOR ADULT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Establish unresponsiveness.	Tap, gently shake shoulder, and shout, "Are you okay?"	Identification of responsiveness is made before resuscitation begins or continues.	______
2. Call for help and position the patient.	1. Call out for help: "HELP!"	Bystanders are alerted that help is needed.	______
	2. Turn patient as one unit onto back, supporting head and neck.	Patient is placed in a supine position (4-10 seconds).	______
	3. Place patient on a firm surface.	Patient is placed on a firm surface to insure good compressions.	______
3. Open the airway.	Use head tilt/chin lift maneuver.	Airway is established to prevent tongue from becoming an obstruction.	______
4. Determine breathlessness.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	Place your ear over patient's mouth to listen and feel for breathing while you observe the chest for breathing movements.	Presence or absence of breathing is established (3-5 seconds).	
5. Ventilate twice.	1. Pinch the patient's nostrils closed with the thumb and index finger of the hand on patient's forehead.	Air is prevented from escaping through the nose during ventilation.	
	2. Cover the patient's mouth with your mouth.	Mouth is completely covered for proper ventilation.	
	3. Ventilate 2 times at a rate of 1 to 1.5 seconds per inspiration, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.	Chest rise indicates that airway is not obstructed and that ventilation volume is adequate.	
6. Determine presence or absence of pulse.	1. Use hand from patient's chin to palpate for carotid pulse on near side of patient.	Presence or absence of pulse is established.	
	2. Maintain head tilt with other hand.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Activate EMS system.	Ask bystander to call for an ambulance; give local EMS number if known.	EMS system is activated. (Total time for steps 1-7: 15-35 seconds.)	
8. Deliver 15 chest compressions.	1. Kneel beside patient's shoulders. 2. Check landmark before placing hands for compressions. 3. Position hands properly. 4. Keep your shoulders over patient's sternum. 5. Compress patient's chest 15 times to a depth of 1½ to 2 inches.		
	6. Maintain an equal compression-relaxation rate.	The "numbered" count should be on the downstroke; the "and" count should be on the upstroke.	
	7. Relax pressure on patient's chest completely on upstroke, but keep hands in contact with patient's sternum.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	8. Say mnemonic such as "One and two and three and . . ." to maintain a rate of 80-100 compressions per minute.	The full 15 compressions are delivered within 9-11 seconds.	________
9. Deliver 2 ventilations.	1. Use head tilt/chin lift to open airway.		
	2. Seal mouth and nose properly.		
	3. Ventilate 2 times at a rate of 1 to 1.5 seconds per inspiration, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.	Chest rise indicates that airway is not blocked and that ventilation volume is adequate.	________
10. Deliver 3 additional sets of 15 compressions to 2 ventilations.	Deliver 15 compressions to 2 ventilations per cycle.	Four cycles are delivered in 52-73 seconds.	________
11. Reassess pulse.	Palpate for carotid pulse on near side of patient.	Presence or absence of pulse is established (5 seconds).	________
12. If pulse is absent, continue CPR.	1. Ventilate twice, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Resume cycles of 15 compressions to 2 ventilations.		
	3. Check carotid pulse every few minutes.	CPR continued, if needed.	________
13. If pulse is present, check for spontaneous breathing.	1. Open airway with head tilt/chin lift.		
	2. Look, listen, and feel for breathing.		
	3. IF BREATHING IS ABSENT, rescue breathe at a rate of 12 breaths/minute and monitor pulse.		
	4. If breathing is present, monitor pulse and breathing.	Presence or absence of spontaneous breathing is identified and correct response is followed.	________

NOTE: A second lay rescuer may replace the first lay rescuer (at Step 11):

SECOND RESCUER:
(a) Identify self by saying, "I know CPR. Can I help?"
(b) Check patient's carotid pulse.
(c) Ventilate 2 times.
(d) Perform cycles of 15 compressions and 2 ventilations.

FIRST RESCUER: (a) Watch for chest rise during second rescuer's ventilations.
(b) Check carotid pulse during second rescuer's compressions.

NOTE: During practice, only one person actually ventilates the manikin.

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________ DATE: ______________________

SKILL 9: TWO-RESCUER CPR FOR ADULT

NOTE: Both rescuers begin CPR together.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Ventilator establishes unresponsiveness.	Tap, gently shake shoulder, and shout, "Are you okay?"	Identification of responsiveness is made before resuscitation begins or continues.	______
2. Position patient as needed.	1. Turn patient onto back, supporting head and neck.	Patient is placed in supine position (4-10 seconds).	______
	2. Place patient on firm surface.	Patient is placed on a firm surface to insure good compressions.	______
3. Ventilator opens the airway.	Open airway with head tilt/chin lift.	Airway is established to prevent tongue from becoming an obstruction.	______
4. Ventilator determines breathlessness.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	Look, listen, and feel for breathing.	Presence or absence of breathing is established (3-5 seconds).	
5. Ventilator ventilates twice.	1. Pinch the patient's nostrils closed with the thumb and index finger of the hand on patient's forehead.	Air is prevented from escaping through the nose during ventilation.	
	2. Cover the patient's mouth with your mouth.	Mouth is completely covered for proper ventilation.	
	3. Ventilate twice at a rate of 1 to 1.5 seconds per inspiration, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.	Chest rise indicates that airway is not blocked and that ventilation volume is adequate.	
6. Ventilator assesses pulse.	1. Palpate for carotid pulse on near side of patient.	Presence or absence of pulse is determined (5-10 seconds).	
	2. Maintain head tilt with other hand.		
	3. State result of pulse check.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Compressor delivers chest compressions.	1. Kneel beside patient's shoulders.		
	2. Check landmark before placing hands for compressions.		
	3. Position hands properly.		
	4. Position shoulders over patient's sternum.		
	5. Maintain an equal compression-relaxation rate.	The "numbered" count should be on the downstroke; the "and" count should be on the upstroke.	
	6. Compress patient's chest to a depth of 1 ½ to 2 inches		
	7. Relax pressure on patient's chest completely on upstroke, but keep hands in contact with patient's sternum.		
	8. Say mnemonic such as "One and two and three and . . ." to maintain rate of 80-100 compressions per minute.	All 5 compressions are delivered within 3-4 seconds.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	9. Pause after each fifth compression for ventilator to give one breath.		
8. Ventilator delivers one breath after every fifth compression.	1. Maintain open airway.		
	2. Seal mouth and nose properly.		
	3. Ventilate once, watching for chest rise.	One breath is delivered in 1-1.5 seconds.	________
9. Ventilator checks effectiveness of compressions.	Check patient's pulse during chest compressions.	Effectiveness of the chest compressions is determined.	________
10. Ventilator checks pulse after 10 cycles of 5 compressions to 1 ventilation.	1. Palpate for carotid pulse on near side of patient.	Absence or presence of pulse is established (5 seconds). Total time for 10 cycles of 5 compressions to 1 ventilation is 40-53 seconds.	________
	2. State result.		
11. Continue CPR.	1. Ventilate once, watching for chest rise.		
	2. Resume cycles of 5 compressions to 1 ventilation.		
	3. Palpate for carotid pulse every few minutes.	Continue CPR, if needed.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
12. Compressor calls for switch when fatigued.	1. Compressor gives clear signal to change.		
	2. Compressor completes fifth compression of a cycle.		
	3. Ventilator gives breath after fifth compression.		
13. Ventilator and compressor switch places simultaneously.	1. Ventilator moves to chest to become the compressor.		
	2. Compressor moves to head to become the ventilator.		
	3. New compressor locates landmark.		
	4. New ventilator checks carotid pulse.		
	5. New ventilator states result.		
14. If pulse is absent, continue CPR.	1. New ventilator ventilates once, watching for chest rise.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	NOTE: During practice, only one person actually ventilates the manikin.		
	2. Resume cycles of 5 compressions to 1 ventilation.		
	3. Palpate for carotid pulse every few minutes.		
15. If pulse is present, ventilator checks for spontaneous breathing.	1. Open airway with head tilt/chin lift.		
	2. Look, listen, and feel for breathing.		
	3. IF BREATHING IS ABSENT, rescue breathe at a rate of 12 breaths/minute and monitor pulse.		
	4. If breathing is present, monitor pulse and breathing.	Presence or absence of spontaneous breathing is identified and correct response is followed.	______

NOTE A: Two professional rescuers arriving to relieve a lay rescuer who is already performing CPR should begin after the lay person completes a cycle of 15 compressions and 2 ventilations:

(a) Send the lay rescuer to activate the EMS system.
(b) Ventilator checks pulse. States results. If no pulse present, then:
(c) Ventilator gives 1 breath.
(d) Compressor gives 5 compressions, then pauses for ventilator to give 1 breath.
(e) Rescuers continue cycles of 5 compressions to 1 ventilation, checking pulse every few minutes.

NOTE B: A second professional rescuer joining one professional rescuer who is already performing CPR should begin after the first rescuer checks pulse:

(a) EMS system should be activated.
(b) First rescuer remains the ventilator and gives 1 breath.
(c) Second rescuer becomes the compressor and delivers 5 compressions, then pauses for ventilator to deliver 1 breath.
(d) Rescuers continue cycles of 5 compressions to 1 ventilation, checking pulse every few minutes.

NAME: ______________________

PROGRAM LOCATION: ______________

EVALUATOR/INSTRUCTOR: ______________

DATE: ______________

SKILL 10: INFANT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Establish unresponsiveness.	Tap, gently shake shoulder and see if infant responds.	Identification of responsiveness is made before resuscitation begins or continues.	______
2. Call for help and position the infant.	1. Call for help. "HELP!"	Bystanders are alerted that help is needed.	______
	2. Turn infant onto back, supporting head and neck.	Infant is placed in a supine position.	______
	3. Place infant on a firm, hard surface.	Infant is placed on a firm surface to insure a good airway opening and good compressions.	______
3. Open airway.	Use head tilt/chin lift maneuver to bring infant's head to a sniffing or neutral position. (Do not overextend the head.)	Airway is established to prevent tongue from becoming an obstruction.	______
4. Assess breathing.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	Position your ear over the infant's mouth to listen and feel for breathing while you watch the chest for movement.	Presence or absence of breathing is established (3-5 seconds).	
5. Ventilate twice.	1. Make a tight seal on the infant's mouth and nose with your mouth.		
	2. Give two puffs at a rate of 1-1.5 seconds per inspiration, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.	Chest rise indicates that airway is not obstructed and that ventilation volume is adequate.	
6. Assess pulse.	1. Palpate for brachial pulse.	Presence or absence of pulse is established (5-10 seconds).	
	2. Maintain head tilt with other hand.		
7. Activate EMS system.	Send bystander to call an ambulance; give local EMS number if known.	EMS system is activated. (Total time for steps 1-7: 15-35 seconds.)	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
8. Deliver chest compressions.	1. Place the tips of 2 or 3 fingers on the sternum, one finger width below an imaginary line between infant's nipples.		
	2. Deliver 5 compressions to a depth of ½ to 1 inch.		
	3. Maintain an equal compression-relaxation rate.	The "numbered" count should be on the downstroke; the "and" count should be on the upstroke.	
	4. Relax pressure on infant's chest completely on upstroke, but keep fingertips in contact with infant's sternum.		
	5. Say mnemonic such as "One, two, three . . ." to maintain a rate of at least 100 compressions per minute.	Five compressions are delivered in 3 seconds or less.	______
9. Deliver ventilation.	1. Maintain open airway.		
	2. Seal mouth and nose properly.		
	3. Deliver one breath, watching for chest rise.	One breath is delivered in 1-1.5 seconds.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
10. Deliver 9 additional cycles of 5 compressions to 1 ventilation.	Deliver 5 compressions to 1 ventilation per cycle.	Ten cycles are delivered in 45 seconds or less.	________
11. Reassess pulse.	Palpate for brachial pulse.	Absence or return of pulse is established (5 seconds).	________
12. If pulse is absent, continue CPR.	1. Ventilate once, watching for chest rise.		
	2. Resume cycles of 5 compressions to 1 ventilation.		
	3. Palpate for brachial pulse every few minutes.	CPR continued, if needed.	________
13. If pulse is present, check for spontaneous breathing.	1. Open airway with head tilt/chin lift.		
	2. Look, listen, and feel for breathing.		
	3. IF BREATHING IS ABSENT, rescue breathe at a rate of 20 breaths/minute and monitor pulse.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. If breathing is present, monitor pulse and breathing.	Presence or absence of spontaneous breathing is identified and correct response is followed.	

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 11: ONE-RESCUER CPR FOR CHILD 1 TO 8 YEARS OLD

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Establish unresponsiveness.	Tap, gently shake shoulder, and shout, "Are you okay?"	Identification of responsiveness is made before resuscitation begins or continues.	
2. Call for help and position the patient.	1. Call for help.	Bystanders are alerted that help is needed.	
	2. Turn patient onto back, supporting head and neck.	Child is placed in a supine position (4-10 seconds).	
	3. Place child on firm surface.	Child is placed on a firm surface to insure good chest compres-sions.	
3. Open airway.	Use head tilt/chin lift to open airway.	Airway is established to prevent tongue from becoming an obstruction.	
4. Establish breathlessness.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	1. Pinch nostrils together or press cheek against child's nostrils.	Air is prevented from escaping through the nose during ventilation.	
	2. Seal your mouth over child's mouth to insure an airtight seal.	Mouth is completely covered for proper ventilation.	
	3. Give two breaths of reduced volume at a rate of 1-1.5 seconds per inspiration, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.	Chest rise indicates that airway is not obstructed and that ventilation volume is adequate.	
6. Establish presence or absence of pulse.	1. Palpate for carotid pulse on near side of child.	Presence or absence of pulse is established (5-10 seconds).	
	2. Maintain head tilt with other hand.		
7. Activate EMS system.	Send a bystander to call an ambulance; give local EMS number if known.	EMS system is activated. (Total time for steps 1-7 is 15-35 seconds.)	
8. Deliver compressions.	1. Kneel beside child's shoulders.		
	2. Position your shoulders over child's sternum.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Locate landmark.		
	4. Place the heel of one hand on the center of the sternum.		
	5. Deliver five compressions to a depth of 1 to 1½ inches.		
	6. Maintain an equal compression-relaxation rate.	The "numbered" count should be on the downstroke; the "and" count should be on the upstroke.	
	7. Relax pressure on child's chest completely on upstroke, but keep hand in contact with child's sternum.		
	8. Say mnemonic such as "One and, two and, three and, . . ." to maintain a rate of 80-100 compressions per minute.	Five compressions are delivered in 3-4 seconds.	________
9. Deliver ventilation	1. Maintain open airway.		
	2. Seal mouth and nose properly.		
	3. Deliver one breath, watching for chest rise.	One breath is delivered in 1-1.5 seconds.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
10. Deliver 9 additional cycles of 5 compressions to 1 ventilation.	Deliver 5 compressions to 1 ventilation per cycle.	Ten cycles are delivered in 60-87 seconds.	________
11. Reassess pulse.	Palpate for carotid pulse.	Absence or return of pulse is established (5 seconds).	________
12. If pulse is absent, continue CPR.	1. Ventilate once, watching for chest rise.		
	2. Resume cycles of 5 compressions to 1 ventilation.		
	3. Palpate for carotid pulse every few minutes.	CPR is continued, if needed.	________
13. If pulse is present, check for spontaneous breathing.	1. Open airway with head tilt/chin lift.		
	2. Look, listen, and feel for breathing.		
	3. IF BREATHING IS ABSENT, rescue breathe at a rate of 15 breaths/minute and monitor pulse.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. If breathing is present, monitor pulse and breathing.	Presence or absence of spontaneous breathing is identified and correct response is followed.	________

NOTE: A second rescuer may come to relieve the first rescuer (at Step 11):

SECOND RESCUER:
- (a) Identify self by saying, "I know CPR. Can I help?"
- (b) Check child's carotid pulse.
- (c) Ventilate once.
- (d) Perform cycles of 5 compressions to 1 ventilation.

FIRST RESCUER:
- (a) Watch for chest rise during second rescuer's ventilations.
- (b) Check carotid pulse during second rescuer's compressions.

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 12: TWO-RESCUER CPR FOR CHILD 1 TO 8 YEARS OLD

NOTE: Both rescuers begin CPR together.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Ventilator determines unresponsiveness.	Tap, gently shake shoulder, and shout, "Are you okay?"	Identification of responsiveness is made before resuscitation begins or continues.	______
2. Position patient as needed.	1. Turn patient onto back, supporting head and neck.	Patient is placed in a supine position (4-10 seconds).	______
	2. Place child on firm surface.	Child is placed on firm surface to insure good compressions.	______
3. Ventilator opens the airway.	Use head tilt/chin lift to open airway.	Airway is established to prevent tongue from becoming an obstruction.	______
4. Ventilator assesses breathing.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	Position your ear over the child's mouth, and listen and feel for breathing while you watch the chest for movement.	Presence or absence of breathing must be established (3-5 seconds).	________
5. Ventilator gives 2 breaths.	1. Pinch nostrils together or press cheek against child's nostrils.	Air is prevented from escaping through the nose during ventilation.	________
	2. Seal mouth over child's mouth to insure an airtight seal.	Mouth is completely covered for proper ventilation.	________
	3. Give two breaths of reduced volume at a rate of 1-1.5 seconds per inspiration, watching for chest rise. ALLOW DEFLATION BETWEEN BREATHS.	Chest rise indicates that airway is not obstructed and that ventilation volume is adequate.	________
6. Ventilator assesses pulse.	1. Palpate for carotid pulse on near side of child.	Presence or absence of pulse is established (5-10 seconds).	________
	2. Maintain head tilt with other hand.		
	3. State assessment results.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Compressor delivers chest compressions.	1. Kneel beside patient.		
	2. Position shoulders over child's sternum.		
	3. Locate landmark.		
	4. Use the heel of one hand on the center of the sternum.		
	5. Deliver compressions to a depth of 1 to 1½ inches.		
	6. Relax pressure on child's chest completely on upstroke, but keep hand in contact with child's sternum.		
	7. Say mnemonic such as "One and, two and, three and, . . ." to maintain a rate of 80-100 compressions per minute.	Five compressions are delivered in 3-4 seconds.	________
	8. Maintain an equal compression-relaxation rate.	The **"numbered"** count should be on the downstroke; the **"and"** count should be on the upstroke.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	9. Pause every fifth compression for ventilator to give one breath.		
8. Ventilator gives one breath after every fifth compression.	1. Maintain open airway.		
	2. Seal mouth and nose properly.		
	3. Deliver one breath, watching for chest rise.	One breath is delivered in 1-1.5 seconds.	
9. Ventilator checks compression effectiveness.	Palpate for carotid pulse occasionally during compressions.	Effectiveness of chest compressions is determined.	
10. Ventilator checks pulse after 10 cycles of 5 compressions to 1 ventilation.	Palpate for carotid pulse on near side of patient.	Absence or presence of pulse is established (5 seconds). Total time for 10 cycles of 5 compressions to 1 ventilation is 40-53 seconds.	
11. Continue CPR.	1. Ventilate once, watching for chest rise.		
	2. Resume cycles of 5 compressions to 1 ventilation.		
	3. Palpate for carotid pulse every few minutes.	Continue CPR, if needed.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
12. Compressor calls for switch when fatigued.	1. Compressor gives clear signal to change.		
	2. Compressor completes fifth compression of a cycle.		
	3. Ventilator gives breath after fifth compression.		
13. Ventilator and compressor switch places simultaneously.	1. Ventilator moves to chest to become the compressor.		
	2. Compressor moves to head to become the ventilator.		
	3. New compressor locates landmark.		
	4. New ventilator checks carotid pulse.		
	5. New ventilator states result.		
14. If pulse is absent, continue CPR.	1. New ventilator gives one breath, watching for chest rise.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	NOTE: During practice, only one person actually ventilates the manikin.		
	2. Resume cycles of 5 compressions to 1 ventilation.		
	3. Palpate for carotid pulse every few minutes.		
15. If pulse is present, ventilator checks for spontaneous breathing.	1. Open airway with head tilt/chin lift.		
	2. Look, listen, and feel for breathing.		
	3. IF BREATHING IS ABSENT, rescue breathe at a rate of 15 breaths/minute and monitor pulse.		
	4. If breathing is present, monitor pulse and breathing.	Presence or absence of spontaneous breathing is identified and correct response is followed.	____________

NOTE A: Two professional rescuers arriving to relieve a lay rescuer who is already performing CPR should begin after the lay person completes a cycle of 5 compressions and 1 ventilation:

(a) Send the lay rescuer to activate the EMS system.
(b) Ventilator checks pulse. States results. If no pulse is present, then:
(c) Ventilator gives 1 breath.
(d) Compressor gives 5 compressions, then pauses for ventilator to give 1 breath.
(e) Rescuers continue cycles of 5 compressions to 1 ventilation, checking pulse every few minutes.

NOTE B: A second professional rescuer joining one professional rescuer who is already performing CPR should begin after the first rescuer checks pulse:

(a) EMS system should be activated.
(b) First rescuer remains as the ventilator and gives 1 breath.
(c) Second rescuer becomes the compressor and delivers 5 compressions, then pauses for the ventilator to deliver 1 breath.
(d) Rescuers continue cycles of 5 compressions to 1 ventilation, checking pulse every few minutes.

TAPE TWO
Part 2

Skill Areas: Complete Airway Obstruction

Skill 13: Conscious Adult Page 61
Skill 14: Adult Who Becomes Unconscious Page 65
Skill 15: Adult Who Is Found Unconscious Page 69
Skill 16: Conscious Infant Page 75
Skill 17: Infant Who Becomes Unconscious Page 79
Skill 18: Infant Who Is Found Unconscious Page 83
Skill 19: Conscious Child Page 89
Skill 20: Child Who Becomes Unconscious Page 91
Skill 21: Child Who Is Found Unconscious Page 95

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 13: CONSCIOUS ADULT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Identify complete airway obstruction.	Ask "Are you choking?" and determine if victim can cough or speak.	Signs of complete airway obstruction are identified (2-3 seconds).	________
2. Activate EMS system.	1. Call for help. 2. Send bystander to call ambulance; give local EMS number if known.	EMS system is activated (2 seconds).	________
3. Perform Heimlich maneuver. **NOTE:** When the abdominal girth is large as in obesity or pregnancy, do not perform this step. Substitute chest thrusts instead of Heimlich maneuver; see Step 4 for chest thrusts.	1. Stand behind patient and wrap arms around patient's waist. 2. Make a fist with one hand and place the thumb side against patient's abdomen in the midline slightly above the navel and well below the tip of the xiphoid; cup other hand over fist.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Press into patient's abdomen with quick upward thrusts, making each thrust distinct, and delivering each with the intent of removing the airway obstruction.		
	4. Repeat thrusts until either the foreign body is expelled or the patient becomes unconscious. (See Complete Airway Obstruction: Adult Who Becomes Unconscious.)	Obstruction is relieved, or patient becomes unconscious.	________

NOTE: Perform chest thrusts instead of the Heimlich maneuver only in cases of large abdominal girth.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
4. Deliver chest thrusts when the abdominal girth is large.	1. Stand behind patient, placing arms under patient's armpits to encircle chest.		
	2. Grasp one fist with other hand and place thumb side of fist on middle third of sternum.		
	3. Press patient's chest with quick inward thrusts.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. Repeat thrusts until either the foreign body is expelled or the patient becomes unconscious. (See Complete Airway Obstruction: Adult Who Becomes Unconscious.)	Obstruction is relieved, or patient becomes unconscious.	________

NOTE: After airway obstruction is removed, check for pulse and breathing.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 12 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

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NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 14: ADULT WHO BECOMES UNCONSCIOUS

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Position the patient.	Turn on back as a unit, place face up, arms by side.	Patient placed in correct position to carry out resuscitative efforts.	________
2. Call for help and position the patient.	1. Call out "HELP!"	Bystanders are alerted that help is needed.	________
	2. Send bystander to call an ambulance; give local EMS number if known.	EMS system is activated.	________
3. Check mouth for foreign body.	1. Use tongue-jaw lift to open mouth: place thumb in patient's mouth over tongue; lift tongue and jaw forward with fingers wrapped around lower jaw.		
	2. Sweep index finger deeply into mouth to remove foreign body.	Dislodged foreign body is removed without damage to patient's oropharyngeal region.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
4. Attempt to ventilate.	1. Perform head tilt/chin lift to open airway.	Airway is established to prevent tongue from becoming an obstruction.	
	2. Pinch the patient's nostrils closed with the thumb and index finger of the hand on patient's forehead.	Air is prevented from escaping through the nose during ventilation.	
	3. Cover the patient's mouth with your mouth.	Mouth is completely covered for proper ventilation.	
	4. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction confirmed by unsuccessful chest rise.	
5. Perform Heimlich maneuver. **NOTE:** When the abdominal girth is large as in obesity or pregnancy, do not perform this step. Substitute 6-10 chest thrusts for the Heimlich maneuver.	1. Straddle patient's thighs.		
	2. Place heel of one hand against patient's abdomen in the midline slightly above the navel and well below the tip of the xiphoid.		
	3. Place second hand directly on top of the first hand.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. Press into the abdomen with 6-10 quick upward thrusts, making each thrust distinct, and delivering each with the intent of relieving the airway obstruction.	Abdominal thrusts should move foreign body upward in airway.	________

NOTE: Perform chest thrusts instead of the Heimlich maneuver only in cases of large abdominal girth.

6. Deliver 6-10 chest thrusts.	1. Kneel beside patient's chest.		
	2. Establish proper hand position: locate costal arch; measure 2-3 finger widths from arch, placing heel of nonmeasuring hand on sternum adjacent to landmarking fingers.		
	3. Place landmarking hand on top of other hand.		
	4. Exert 6-10 quick downward thrusts.	Chest thrusts should move foreign body upward in airway.	________
7. Check mouth for foreign body.	1. Use tongue-jaw lift to open mouth.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Sweep index finger deeply into mouth to remove foreign body.	Dislodged foreign body is removed.	________
8. Attempt to ventilate.	1. Open airway with head tilt/chin lift.		
	2. Seal mouth and nose properly.		
	3. Attempt to ventilate, watching for chest rise.	Attempts are made to get air into lungs.	________
9. Repeat steps 5, 7, and 8 OR steps 6, 7, and 8 until successful.	Alternate steps 5, 7, and 8 **OR** steps 6, 7, and 8 until obstruction is relieved.	Obstruction is relieved.	________

NOTE: After airway obstruction is removed, check for pulse and breathing.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 12 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

NAME: ______________________________

PROGRAM LOCATION: __________________

EVALUATOR/INSTRUCTOR: ______________________

DATE: ______________________

SKILL 15: ADULT WHO IS FOUND UNCONSCIOUS

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Establish unresponsiveness.	Tap, gently shake shoulder, and shout, "Are you okay?"	Identification of responsiveness is made before resuscitation begins or continues (4-10 seconds).	________
2. Call for help and position the patient.	1. Call out "HELP!"	Bystanders are alerted that help is needed.	________
	2. Turn patient as necessary, supporting head and neck, onto back on firm surface.	Patient is placed in a supine position on firm surface.	________
3. Open the airway.	Lift chin and tilt head back.	Airway is established to prevent tongue from becoming an obstruction.	________
4. Establish breathlessness.	Place your ear over patient's mouth to listen and feel for breathing while you observe the chest for breathing movements.	Presence or absence of breathing is established.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Attempt to ventilate.	1. Pinch the patient's nostrils closed with the thumb and index finger of the hand on patient's forehead.	Air is prevented from escaping through the nose during ventilation.	
	2. Cover the patient's mouth with your mouth.	Mouth is completely covered for proper ventilation.	
	3. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction confirmed by unsuccessful chest rise.	
6. Reattempt to ventilate.	1. Reposition patient's head.		
	2. Seal mouth and nose properly.		
	3. Reattempt to ventilate, watching for chest rise.	Unsuccessful chest rise indicates that airway is still blocked.	
7. Activate EMS system.	Ask bystander to call for an ambulance; give local EMS number if known.	EMS system is activated. (Total time for steps 1-7: 15-35 seconds.)	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
8. Perform Heimlich maneuver.	1. Straddle patient's thighs.		
NOTE: When the abdominal girth is large as in obesity or pregnancy, do not perform this step. Substitute 6-10 chest thrusts for the Heimlich maneuver.	2. Place heel of one hand against patient's abdomen in the midline slightly above the navel and well below the tip of the xiphoid.		
	3. Place second hand directly on top of first hand.		
	4. Press into the abdomen with 6-10 quick upward thrusts, making each thrust distinct, and delivering each with the intent of relieving the airway obstruction.	Abdominal thrusts should move foreign body upward in airway.	________

NOTE: Perform chest thrusts instead of the Heimlich maneuver only in cases of large abdominal girth.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
9. Deliver 6-10 chest thrusts.	1. Straddle patient's thighs or kneel beside patient's chest.		
	2. Establish proper hand position: locate costal arch; measure 2-3 finger widths from arch, placing heel of nonmeasuring hand on sternum adjacent to landmarking fingers.		
	3. Place landmarking hand on top of other hand.		
	4. Exert 6-10 quick downward thrusts.	Chest thrusts should move foreign body upward in airway.	
10. Check mouth for foreign body.	1. Use tongue-jaw lift to open mouth: place thumb in patient's mouth over tongue; lift tongue and jaw forward with fingers wrapped around lower jaw.		
	2. Sweep index finger deeply into mouth to remove foreign body.	Dislodged foreign body is removed without damage to patient's oropharyngeal region.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
11. Attempt to ventilate.	1. Use head tilt/chin lift to open airway.	Potential airway obstruction is eliminated.	
	2. Seal mouth and nose properly.		
	3. Attempt to ventilate, watching for chest rise.	Unsuccessful chest rise indicates that airway is still blocked.	
12. Repeat steps 8, 10, and 11 OR steps 9, 10, and 11 until successful.	Alternate steps 8, 10, and 11 **OR** steps 9, 10, and 11 until obstruction is relieved.	Airway obstruction is relieved.	

NOTE: After airway obstruction is removed, check for pulse and breathing.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 12 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 16: CONSCIOUS INFANT

NOTE: Follow this procedure on a conscious infant ONLY IF the airway obstruction is due to a witnessed or strongly suspected aspiration AND IF respiratory difficulty is increasing and the cough is ineffective. If the obstruction is caused by airway swelling due to infections such as epiglottitis or croup, this procedure may be harmful. In cases of airway swelling caused by infection, rush the infant to the nearest ALS facility while allowing the infant to maintain the position of maximum comfort.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Identify airway obstruction.	Look, listen, and feel for air exchange at nose and mouth.	Presence of complete airway obstruction is properly identified before proceeding with treatment.	________
2. Deliver 4 back blows.	1. Straddle infant over your forearm, with infant face down and head lower than trunk. Support infant's head and neck with your hand, bracing your forearm against your thigh.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Deliver 4 back blows rapidly and forcefully with the heel of one hand between infant's shoulder blades, delivering each blow with the intent of relieving the obstruction (3-5 seconds). **NOTE:** Technique and force of blows depend on size of infant.	Back blows used alone may relieve the obstruction.	________
3. Deliver 4 chest thrusts.	1. Supporting infant's head, sandwich the infant between your hands and forearms.		
	2. Turn infant supine, with head lower than trunk.		
	3. Deliver 4 thrusts in the mid-sternal region by depressing the infant's chest ½ to 1 inch at a slower rate (3-5 seconds total time).	Increase of intrathoracic pressure by decreasing chest size may cause foreign body to be dislodged.	________
4. Repeat back blows and chest thrusts until successful.	Repeat steps 3 and 4 until either the foreign body is expelled or the infant becomes unconscious. (See Complete Airway Obstruction: Infant Who Becomes Unconscious.)	Obstruction is relieved, or infant become unconscious.	________

NOTE: After airway obstruction is removed, check for breathing and pulse.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, keep airway open and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 20 breaths/minute and monitor pulse.
(d) If breathing is present, maintain an open airway and monitor breathing and pulse closely.

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________ DATE: ____________________

SKILL 17: INFANT WHO BECOMES UNCONSCIOUS

NOTE: Follow this procedure ONLY IF the airway obstruction is due to a witnessed or strongly suspected aspiration and if respiratory difficulty is increasing. If the obstruction is caused by airway swelling caused by infection, rush the infant to the nearest ALS facility

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Call for help and position the patient.	1. Call for help.	Bystanders are alerted that help is needed.	
	2. Send bystander to call an ambulance; give local EMS number if known.	EMS system is activated.	
	3. Turn unconscious infant if necessary, supporting head and neck, onto back on firm surface.	Infant is placed in a supine position on firm surface.	
2. Check mouth for foreign body.	1. Do tongue-jaw lift by placing thumb in infant's mouth over tongue. Lift tongue and jaw forward with fingers wrapped around lower jaw.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. IF FOREIGN BODY IS VISIBLE, sweep index finger into mouth to remove foreign body. (Do not perform a blind sweep.)	Dislodged foreign body is removed.	
3. Attempt to ventilate.	1. Perform head tilt/chin lift to open airway.	Hyperextension of the infant's head, which could result in airway obstruction or cervical spine injury, is avoided.	
	2. Press your lips gently over infant's mouth and nose.	Airtight seal is obtained.	
	3. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction is confirmed by unsuccessful chest rise.	
4. Deliver 4 back blows.	1. Straddle infant over your forearm, with infant face down and head lower than trunk. Support infant's head and neck with your hand, bracing your forearm against your thigh.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Deliver 4 back blows rapidly and forcefully with the heel of one hand between infant's shoulder blades, delivering each blow with the intent of relieving the obstruction.	Back blows used alone may relieve the obstruction.	
	NOTE: Technique and force of blows depend on size of infant (3-5 seconds).		
5. Administer 4 chest thrusts.	1. Supporting infant's head, sandwich the infant between your hands and forearms.		
	2. Turn infant supine, with head lower than trunk.		
	3. Deliver 4 thrusts in the mid-sternal region by depressing the infant's chest ½ to 1 inch at a slower rate (3-5 seconds).	Increase of intrathoracic pressure by decreasing chest size may cause foreign body to be dislodged.	
6. Check mouth for foreign body.	1. Perform tongue-jaw lift.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. IF FOREIGN BODY IS VISIBLE, sweep index finger into mouth to remove foreign body. (Do not perform a blind sweep.)	Removal of foreign body is possible without damage to infant's oropharyngeal region.	
7. Attempt to ventilate.	1. Open airway with head tilt/chin lift.		
	2. Press your lips gently over infant's mouth and nose to get an airtight seal.		
	3. Attempt to ventilate, watching for chest rise.	Unsuccessful chest rise indicates that airway is still blocked.	
8. Repeat steps 4-7 until successful.	Alternate steps 4-7 until obstruction is relieved.	Airway obstruction is relieved.	

NOTE: After airway obstruction is removed, check for breathing and pulse.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing 20 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________ DATE: ____________________

SKILL 18: INFANT WHO IS FOUND UNCONSCIOUS

NOTE: Follow this procedure ONLY IF the airway obstruction is due to a witnessed or strongly suspected aspiration and if respiratory difficulty is increasing. If the obstruction is caused by airway swelling due to infections such as epiglottitis or croup, this procedure may be harmful. In cases of airway swelling caused by infection, rush the infant to the nearest ALS facility.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine unresponsiveness.	Gently shake or tap shoulder.	Identification of responsiveness is made before resuscitation begins.	________
2. Call for help and position the infant.	1. Call for help.	Bystanders are alerted that help is needed.	________
	2. Turn infant if necessary, supporting head and neck, onto back on a firm surface.	Infant is placed in a supine position on firm surface.	________
3. Open the airway.	Perform head tilt/chin lift maneuver by tipping infant's head back to a sniffing or neutral position, being careful not to overextend the head.	Hyperextension of the infant's head, which could result in airway obstruction or cervical spine injury, is avoided.	________
4. Determine breathlessness.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	With your ear over infant's mouth, observe chest: look, listen, and feel for breathing (3-5 seconds).	Identification is made to establish the presence of an obstructed airway or potential cardiopulmonary arrest.	________
5. Attempt to ventilate.	1. Press your lips gently over infant's mouth and nose.	Airtight seal is obtained.	________
	2. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction is confirmed by unsuccessful chest rise.	________
6. Reattempt to ventilate.	1. Reposition infant's head.	Potential airway obstruction is eliminated.	________
	2. Cover infant's mouth and nose for airtight seal.		
	3. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction is confirmed by unsuccessful chest rise.	________
7. Activate EMS system.	Send bystander to call ambulance; give local EMS number if known.	EMS system is activated. (Total time for steps 1-7: 10-25 seconds.)	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
8. Deliver 4 back blows.	1. Straddle infant over your forearm, with infant face down and head lower than trunk. Support infant's head and neck with your hand, bracing your forearm against your thigh. 2. Deliver 4 back blows rapidly and forcefully with the heel of one hand between infant's shoulder blades, delivering each blow with the intent of relieving the obstruction. **NOTE:** Technique and force of blows depend on size of infant (3-5 seconds).	Back blows used alone may relieve the obstruction.	__________
9. Deliver 4 chest thrusts.	1. Supporting infant's head, sandwich the infant between your hands and forearms. 2. Turn infant supine, with head lower than trunk.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Deliver 4 thrusts in the mid-sternal region by depressing the infant's chest ½ to 1 inch at a slower rate (3-5 seconds total time).	Increase of intrathoracic pressure by decreasing chest size may cause foreign body to be dislodged.	
10. Check mouth for foreign body.	1. Perform tongue-jaw lift by placing thumb in infant's mouth over tongue. Lift tongue and jaw forward with fingers wrapped around lower jaw.		
	2. IF FOREIGN BODY IS VISIBLE, sweep index finger into mouth to remove foreign body. (Do not perform a blind sweep.)	Removal of foreign body is possible without damage to infant's oropharyngeal region.	
11. Attempt to ventilate.	1. Open airway with head tilt/chin lift.	Potential airway obstruction is eliminated.	
	2. Cover infant's mouth and nose for airtight seal.		
	3. Attempt to ventilate, watching for chest rise.	Unsuccessful chest rise indicates that airway is still blocked.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
12. Repeat steps 8-11 until successful.	Alternate steps 8-11 until obstruction is relieved.	Airway obstruction is relieved.	________

NOTE: After airway obstruction is removed, check for breathing and pulse.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing 20 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________ DATE: ______________________

SKILL 19: CONSCIOUS CHILD

NOTE: Follow this procedure for a conscious child ONLY IF the airway obstruction is due to a witnessed or strongly suspected aspiration and if respiratory difficulty is increasing and the cough is ineffective. If the obstruction is caused by airway swelling due to infection such as epiglottitis or croup, this procedure may be harmful. In a case of airway swelling caused by infection, rush the child to the nearest ALS facility, allowing the child to maintain the position of maximum comfort.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine airway obstruction.	Ask "Are you choking?" and determine if victim can cough or speak.	Signs of complete airway obstruction are identified.	________
2. Perform Heimlich maneuver (only if patient's cough is ineffective and there is increasing respiratory difficulty).	1. Stand behind patient and wrap arms around patient's waist. 2. Place one fist, thumb side toward abdomen on midline halfway between the diaphragm and umbilicus. 3. Cup second hand directly over fist.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	4. Press into the abdomen with quick upward thrusts, making each thrust distinct, and delivering each with the intent of removing the airway obstruction.	Abdominal thrusts should move foreign body upward in airway.	____
	5. Repeat thrusts until either foreign body is expelled or patient becomes unconscious. **(See Complete Airway Obstruction: Child Who Becomes Unconscious.)**	Obstruction is relieved, or patient becomes unconscious.	____

NOTE: After airway obstruction is removed, check for pulse and breathing.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 15 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________ DATE: ____________________

SKILL 20: CHILD WHO BECOMES UNCONSCIOUS

NOTE: Follow this procedure ONLY IF the airway obstruction is due to a witnessed or strongly suspected aspiration and if respiratory difficulty is increasing. If the obstruction is caused by airway swelling due to infections such as epiglottitis or croup, this procedure may be harmful. In cases of airway swelling caused by infection, rush the child to the nearest ALS facility.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Position the patient.	Turn patient as necessary, supporting head and neck, onto back on firm surface.	Patient is placed in a supine position on a firm surface.	________
2. Call for help.	1. Call for help.	Bystanders are alerted that help is needed.	________
	2. Send bystander to call ambulance; give local EMS number if known.	EMS system is activated.	________
3. Check mouth for foreign body.	1. Use tongue-jaw lift to open mouth: place thumb in patient's mouth over tongue; lift tongue and jaw forward with fingers wrapped around lower jaw.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. IF FOREIGN BODY IS VISIBLE, sweep index finger into mouth to remove foreign body. (Do not perform a blind sweep.)	Dislodged foreign body is removed without damage to child's oropharyngeal region.	______
4. Attempt to ventilate.	1. Open airway with head tilt/chin lift.	Airway is established to prevent tongue from becoming an obstruction.	______
	2. Pinch the patient's nostrils closed with the thumb and index finger of the hand on patient's forehead.	Air is prevented from escaping through the nose during ventilation.	______
	3. Cover the child's mouth with your mouth.	Mouth is completely covered for proper ventilation.	______
	4. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction is confirmed by unsuccessful chest rise.	______
5. Perform Heimlich maneuver.	1. Kneel at patient's feet if patient is on floor, or stand at patient's feet if patient is on a table.		
	2. Place heel of one hand against patient's abdomen, in the midline slightly above navel and well below tip of xiphoid.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Place second hand directly on top of first hand.		
	4. Press into the abdomen with 6-10 quick upward thrusts.	Abdominal thrusts should move foreign body upward in airway.	______
6. Check for foreign body.	Kneel at patient's chest.	Airway can be properly visualized.	______
7. Check mouth for foreign body.	1. Use tongue-jaw lift to open mouth.		
	2. IF FOREIGN BODY IS VISIBLE, sweep index finger into patient's mouth to remove foreign body. (Do not perform a blind sweep.)	Dislodged foreign body is removed without damage to child's oropharyngeal region.	______
8. Attempt to ventilate.	1. Open airway with head tilt/chin lift.		
	2. Seal mouth and nose properly.		
	3. Attempt to ventilate, watching for chest rise.	Attempts are made to get air into the lungs.	______
9. Repeat steps 5-8 until successful.	Alternate steps 5-8 until obstruction is relieved.	Obstruction is relieved.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE

NOTE: After airway obstruction is removed, check for pulse and breathing.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 15 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________ DATE: ____________________

SKILL 21: CHILD WHO IS UNCONSCIOUS

NOTE: Follow this procedure ONLY IF the airway obstruction is due to a witnessed or strongly suspected aspiration and if respiratory difficulty is increasing. If the obstruction is caused by airway swelling due to infections such as epiglottitis or croup, this procedure may be harmful. In cases of airway swelling caused by infection, rush the child to the nearest ALS facility.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Establish unresponsiveness.	Tap, gently shake shoulder, and shout, "Are you okay?"	Responsiveness is determined before resuscitation begins or continues.	
2. Call for help and position the patient.	1. Call for help.	Bystanders are alerted that help is needed.	
	2. Turn patient as one unit if necessary, supporting head and neck, onto back on firm surface.	Patient is placed in a supine position on firm surface (4-10 seconds).	
3. Open the airway.	Open airway with head tilt/chin lift.	Airway is established to prevent tongue from becoming an obstruction.	
4. Determine breathlessness.			

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	Position your ear over the patient's mouth to listen and feel for breathing while you observe the chest for breathing movements.	Presence or absence of breathing is established (3-5 seconds).	________
5. Attempt to ventilate.	1. Pinch the patient's nostrils closed with the thumb and index finger of the hand on patient's forehead.	Air is prevented from escaping through the nose during ventilation.	________
	2. Cover the patient's mouth with your mouth.	Mouth is completely covered for proper ventilation.	________
	3. Attempt to ventilate, watching for chest rise.	Presence of complete airway obstruction is confirmed by unsuccessful chest rise.	________
6. Reattempt to ventilate.	1. Reposition patient's head.	Potential airway obstruction is eliminated.	________
	2. Seal mouth and nose properly.		
	3. Reattempt to ventilate, watching for chest rise.	Presence of complete airway obstruction is confirmed by unsuccessful chest rise.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Activate EMS system.	Ask bystander to call an ambulance; give local EMS number if known.	EMS system is activated. (Total time for steps 1-7: 15-35 seconds.)	
8. Perform Heimlich maneuver.	1. Kneel at the feet of a patient on the floor, or stand at the feet of a patient on a table.		
	2. Place heel of one hand against patient's abdomen in the midline slightly above navel and well below tip of xiphoid.		
	3. Place second hand directly on top of the first hand.		
	4. Press into the abdomen with 6-10 quick upward thrusts, making each thrust distinct, and delivering each with the intent of relieving the airway obstruction.	Abdominal thrusts should move foreign body upward in airway.	
9. Check mouth for foreign body.	1. Use tongue-jaw lift to open mouth by placing thumb in patient's mouth over tongue. Lift tongue and jaw forward with fingers wrapped around lower jaw.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. IF FOREIGN BODY IS VISIBLE, sweep index finger into patient's mouth to remove foreign body. (Do not perform a blind sweep.)	Dislodged foreign body is removed.	
10. Attempt to ventilate.	1. Open airway with head tilt/chin lift.	Potential airway obstruction is eliminated.	
	2. Seal mouth and nose properly.		
	3. Attempt to ventilate, watching for chest rise.	Unsuccessful chest rise indicates that airway is still blocked.	
11. Repeat steps 8-10 until successful.	Alternate steps 8-10 until obstruction is relieved.	Airway obstruction is relieved.	

NOTE: After airway obstruction is removed, check for pulse and breathing.

(a) If pulse is absent, start cycles of ventilations and compressions.
(b) If pulse is present, open airway and check for spontaneous breathing.
(c) If breathing is absent, perform rescue breathing at 15 breaths/minute and monitor pulse.
(d) If breathing is present, maintain open airway and monitor breathing and pulse closely.

TAPE THREE

Skill Areas

Skill 22: Air Splint Immobilization (Upper Extremity) Page 101
Skill 23: Air Splint Immobilization (Lower Extremity) Page 105
Skill 24: HARE-Type Traction Splint Page 107
Skill 25: Sager Traction Splint Page 111
Skill 26: Cervical Collar Placement Page 115
Skill 27: Kendrick Extrication Device (KED) Page 117
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NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 22: AIR SPLINT IMMOBILIZATION (Upper Extremity)

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Manual stabilization.	Grasp upper extremity above and below suspected fracture site. Maintain stabilization during **P**ulse, **M**otor, **S**ensory (PMS) checks.	Injury site is stabilized manually until splint is applied.	________
2. Expose injured extremity.	Cut away clothing of affected extremity as necessary.	Injury site exposed for examination.	________
3. Complete assessment.	Check PMS. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. HAVE PATIENT wiggle fingers or toes; perform the hand squeeze test. If patient is UNRESPONSIVE, simulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure leg before applying painful stimuli.	Post-stabilization PMS status verified.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
4. Apply sterile dressing (if indicated).	Using aseptic technique, apply dressing.	Further contamination avoided.	
5. Apply air splint to patient's fracture upper extremity.	EMT places the splint on own arm, wrist or distal end first.	Splint ready for transfer to patient's extremity.	
NOTE: A zippered splint may be zipped and applied like a non-zippered splint.			
6. Position splint.	First rescuer grasps injured arm with handshake grasp, (while second rescuer continues manual stabilization) and gently moves the splint onto the patient. Splint must cover point above and below suspected fracture site. Distal digit should be exposed.	Splint applied.	
7. Inflate splint.	Rescuer inflates splint with mouth until "Thumbdent" obtained.	Immobilization complete.	
8. Evaluate PMS status.	EMT conducts PMS checks.	PMS status confirmed.	

NOTE: Rings and watches on affected upper extremity must be removed prior to splint application.

Cold Weather Warning:

1. Air splints applied in cold environment will expand when moved to warmer places.
2. Air splints will expand at higher altitudes. (Monitor pressure within the splint by dent test with thumb or pinch test.)

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________ DATE: ______________________

SKILL 23: AIR SPLINT IMMOBILIZATION (Lower Extremity)

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Manual stabilization.	Grasp lower extremity above and below suspected fracture site. Maintain stabilization during PMS checks.	Injury site is stabilized manually until splint is applied.	______
2. Expose injured extremity.	Cut away clothing of affected extremity.	Injury site exposed for examination.	______
3. Complete PMS assessment.	Check distal pulses. Have conscious victim wiggle toes. Check capillary refill.	Post-stabilization PMS status verified.	______
4. Apply sterile dressing if indicated.	Apply a sterile dressing, if indicated, using aseptic.	Further contamination avoided.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Position splint.	The splint is gently maneuvered into place, encompassing the joint above and below suspected fracture.	Splint is applied for inflation.	________
6. Inflate splint.	Rescuer inflates splint, using mouth until "Thumbdent" obtained.	Immobilization complete.	________
7. Reevaluate PMS status.	Assess PMS as previously defined (see Competency 2 of this skill).	PMS reconfirmed post-immobilization.	________

NOTE: Two rescuers may be needed to perform this procedure.

Cold Weather Warning:

1. Air splints applied in cold environment will expand when moved to warmer places.
2. Air splints will expand at higher altitudes. (Monitor pressure within the splint by dent test with thumb or pinch test.)

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL 24: HARE-TYPE TRACTION SPLINT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Stabilize leg.	Grasp the leg above and below the fracture site. Do not move the leg. Maintain manual stabilization until ready to apply traction.	Injured leg is stabilized manually.	______
2. Check PMS status of affected extremity.	1. Cut away clothing, sock, and shoe on affected leg, as needed.	Injury site and leg exposed for examination.	______
	2. Conduct PMS check. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient is UNRESPONSIVE, stimulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure	Confirmation of PMS status is completed.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	leg before applying painful stimuli.		
3. Apply sterile dressing if indicated.	Use aseptic technique to apply dressing.	Further contamination avoided.	________
4. Adjust splint.	Remove splint from case and adjust to a minimum of 12 inches longer than uninjured leg. Lower stand at foot of splint.	Splint is adjusted to the proper length and prepared for use.	________
5. Position Velcro straps.	Position strap at each location: above fracture site, below fracture site, below knee, and at ankle.	Straps positioned to support leg when placed in the splint. (NEVER SECURE STRAPS OVER THE TOP OF A FRACTURE.)	________
6. Apply ankle hitch.	Select and apply the appropriate size ankle hitch.	Ankle hitch is applied to ankle and ready to place into splint.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Apply and maintain manual traction.	1. Grasp ankle/foot, or straps above the rings and apply manual traction while lifting the leg enough to allow sliding into place. Traction should be equal to 10% of patient's body weight or until pain relief is obtained (whichever comes first).	Manual traction is applied to the injured leg and must be maintained until traction is taken over by the splint.	
	2. Support the injured leg at the fracture site while applying traction.	Fracture site is stabilized.	
8. Position splint.	Splint is positioned under the injured leg against the ischial tuberosity.	Splint is positioned under the injured leg.	
9. Pad ischial strap (optional).	Pad the ischial strap in the groin area.	Groin area is padded to increase patient's comfort.	
10. Secure ischial strap.	Fasten ischial strap across leg. Strap should be tightened enough to allow two fingers to be inserted between the leg and the strap.	Leg is secured into the splint with the ischial strap.	
11. Tighten winch to obtain traction.	1. Release ratchet and hook rings on the ankle hitch into the winch hook.	Ankle hitch is attached to winch.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Operate ratchet until manual traction is replaced with mechanical traction from the splint.	Proper traction is obtained on the injured leg.	________
12. Secure all straps.	Secure one Velcro strap above and one below the fracture site. Secure Velcro strap below the knee and one above the ankle.	Injured leg is secured to the splint.	________
13. Check motor, sensory, and circulatory functions.	Conduct PMS check. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient is UNRESPONSIVE, stimulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure leg before applying painful stimuli.	Confirmation of PMS status is completed.	________

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________ DATE: ______________________

SKILL 25: SAGER TRACTION SPLINT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Manual stabilization.	Grasp leg above and below suspected fracture site. Maintain stabilization until splint is in place or manual traction applied.	Injury site is stabilized manually.	________
2. Check PMS status of affected extremity.	1. Cut away clothing, sock, and shoe on affected leg.	Injury site and leg exposed for examination.	________
	2. Check PMS. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient is UNRESPONSIVE, stimulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure	Confirmation of PMS status is completed.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	leg before applying painful stimuli.		
3. Apply sterile dressing if indicated.	If indicated, apply a sterile dressing using aseptic technique.	Further contamination avoided.	___
4. Adjust splint.	Using uninvolved leg as a measure, adjust splint from perineal area to approximately 4 inches past heel.	Initial splint length established.	___
5. Apply manual traction if marked deformity present.	Grasp ankle/foot and leg while applying gentle in-line traction to approximately 10% body weight or maximum 20 pounds' pull.	Manual traction is applied and maintained until traction is taken over by splint.	___
6. Position splint (lateral or medial application).	Place padded end of splint on lateral surface of injured leg or place gently in crotch (sweeping male genitalia medially).	Splint is positioned for application.	___
7. Establish Axial parallel alignment of leg and splint.	1. Pull thigh strap securely around upper thigh, bringing the crotch pad to the lateral side of the perineum. 2. Apply ankle harness securely above the level of the medial and lateral malleoli.	Axial parallel alignment of leg and splint established.	___

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Release locking device and extend traction bar until an estimated 10% of body weight or maximum of 20 pounds' pull is noted on the scale located on the pulley wheel.	Proper traction is obtained on the injured leg.	______
8. Secure straps.	1. Apply longest 6-inch-wide strap around splint and upper thigh.		
	2. Apply next longest 6-inch-wide strap around splint and knee; pad as necessary.		
	3. Apply shortest 6-inch-wide strap around splint and mid-part of lower leg.	Splint is firmly attached.	______
9. Check PMS status of extremity.	Check distal pulses. If patient is responsive to verbal commands, instruct patient to slowly wiggle the toes of the affected leg; EMT grasps great toe and has patient identify which toe.	Confirmation of PMS status is completed.	______

NOTE: According to manufacturer, if marked deformity is not present, one person application is acceptable.

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL 26: CERVICAL COLLAR PLACEMENT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Stabilize head and cervical spine.	Rescuer grasps both sides of patient's head, just below the ears and mandible, to stabilize head and cervical spine. **NOTE: DO NOT apply manual traction, only stabilization.**	Grasp head with open hand on both sides of head just below the ears and mandible to stabilize head and cervical spine.	________
2. Second EMT completes PMS assessment.	Check PMS. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient is UNRESPONSIVE, stimulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure	Confirmation of PMS status is completed.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	leg before applying painful stimuli.		
3. Attach cervical collar.	1. EMT maintains spinal alignment/stabilization while second EMT attaches collar.	Spinal alignment stabilization is maintained.	________
	2. Second EMT selects properly sized cervical collar and secures it snugly around patient's neck and fastens closures.	Cervical collar is properly placed without compromising the airway.	________
4. Lead EMT conducts PMS check.	Lead EMT repeats the steps for Competency 2 in this skill.	PMS assessment performed.	________

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL 27: KENDRICK EXTRICATION DEVICE (KED)

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Manual stabilization.	Rescuer grasps both sides of patient's head, just below the ears and mandible to stabilize head and cervical spine. **NOTE: DO NOT apply manual traction, only stabilization.** Continue to hold stabilization until head and neck is immobilized by device.	Manual stabilization required until mechanical stabilization complete.	________
2. Complete peripheral PMS assessment.	Check PMS. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient	Confirmation of PMS status is completed.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	is UNRESPONSIVE, stimulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure leg before applying painful stimuli.		
3. Attach cervical collar.	1. EMT maintains spinal alignment/ stabilization while second EMT selects collar.	Spinal alignment stabilization is maintained.	
	2. Second EMT selects properly sized cervical collar and secures it snugly around patient's neck and fastens closures.	Cervical collar is properly placed without compromising the airway.	
4. Prepare KED for application and maneuver into position.	One rescuer uses KED's flexibility to correctly position KED behind sitting patient.	KED is positioned smooth side toward patient; head support behind patient's head and central to patient.	
5. Position all straps with exception of chest straps.	1. Leg straps are pulled up and out of retracted position, then pulled down clear of patient.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Chest supports are wrapped around patient's torso — snugly under patient's armpits; middle and bottom straps are buckled with excess strap secured out of the way.		
	3. Place leg straps under thigh by using a back and forth "see-sawing" motion while moving the straps toward the crotch; buckle straps on same side or opposite sides according to needs of the patient.	Straps placed with minimum movement of extremities.	______
6. Position head.	1. Adjust pad as required between patient's head and KED.	Patient's torso, neck and head immobilized to provide means to move patient and minimize risk of further injury.	______
	2. Stabilize patient's head in support of KED.		
	3. Secure Velcro straps. The forehead straps are left in place throughout all moving phases, and the chin straps are secured only during movement from the vehicle to the backboard.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Position top chest strap; resecure all straps.	Snug top chest strap. Resecure all straps, making sure they are firmly in place.	KED secured to patient. Extrication possible using lift handles.	
8. Secure extremities.	Loosely bind wrist and knees for control and safety.	Patient's extremities controlled to prevent injury during extrication phase.	
9. Extricate.	Patient moved by using lift handles of KED and secured to long spine board; chin strap removed; top chest strap loosened; leg straps are unbuckled prior to allowing legs of patient to be straightened.	Patient's spine is fully immobilized.	
10. Reevaluate PMS status.	Follow the process for Competency 2 of this skill.	Reassessment of PMS status of distal central nervous system completed.	

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________ DATE: ______________________

SKILL 28: LONG SPINE BOARD

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Lead EMT stabilizes head and cervical spine.	Rescuer grasps both sides of patient's head, just below the ears and mandible to stabilize head and cervical spine.	Cervical spine is stabilized manually.	________
2. Second EMT completes PMS assessment.	Check PMS. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is RESPONSIVE, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient is UNRESPONSIVE, stimulate by applying firm pressure over a nail bed and checking for reaction. Be certain to secure leg before applying painful stimuli.	Confirmation of PMS status is completed.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
3. Roll patient on side.	1. Place an EMT at the head (maintaining cervical alignment), place one rescuer at the shoulders, and one rescuer at the hips. **NOTE: Three is the normal number to perform a log roll, but it can be done without the rescuer at the feet.**	EMT and helpers positioned to roll patient as a unit, maintaining spinal alignment.	
	2. Maintaining spinal alignment, roll patient as a unit (on command of EMT at patient's head).	Patient is rolled onto side.	
4. Place long backboard under patient.	1. The rescuer at the hips reaches over and pulls backboard to patient.	Backboard is moved to patient.	
	2. Maintaining spinal alignment, roll patient as a unit onto the long backboard.	Patient is rolled onto backboard.	
	3. Center patient on backboard by gently sliding patient from the side. Maintain spinal alignment and stabilization during movement (on command of EMT at patient's head).	Patient is centered on backboard without further injury.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Strap patient to the long backboard.	1. Secure patient's head to the backboard with cravats and blanket roll or an immobilizer.	Patient's head is immobilized on the backboard.	
	2. Place straps in the area of shoulders (under the arms), hips, and just above or just below the knees; and secure patient to the long backboard.	Patient is immobilized on the backboard.	
6. Lead EMT conducts PMS checks.	Lead EMT repeats the process for Competency 2 in this skill.	PMS assessment performed.	

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________ DATE: ______________________

SKILL 29: THREE-RESCUER CARRY

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Position rescuers.	1. All rescuers approach the patient from same side. 2. All rescuers kneel on same knee pointed toward the feet of the patient. 3. First rescuer places arms under neck and upper back, second rescuer places arms under waist and hips, third rescuer places arms under knees and ankles. **NOTE:** Stronger rescuer should be in the second or middle rescuer position.	Rescuers in position.	________
2. Lift patient to knee level.	Rescuer at head directs all rescuers to lift patient simultaneously to knee level.	Patient lifted from ground.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
3. Roll patient to rescuers' chests.	Rescuer at head directs verbally "all rescuers roll patient to their chests on the count of three."	Rescuers in position to lift patient to standing level. (Lowest center of gravity obtained.)	______
4. Lift patient to standing level.	Rescuer at head directs verbally all rescuers rise to standing position (using the 3-count method of team movement).	Team movement insures spinal alignment. Rescuers in position to move patient.	______
5. Plan rescuers' moves.	Rescuer at head directs all personnel which direction to move. **NOTE:** All movements are in unison, using the 3-count method of team movement.	Victim moved to safer area.	______

NOTE: Three (3)-rescuer carry does not protect the patient's spine or provide adequate protection for unsplinted fractures.

TAPE FOUR

Skill Areas

Skill 30: Oxygen Administration Page 129
Skill 31: Pocket Mask Page 133
Skill 32: Bag Valve Mask Page 135
Skill 33: Demand Valve Resuscitator Page 139
Skill 34: Oropharyngeal Airway Insertion Page 143
Skill 35: Nasopharyngeal Airway Insertion Page 145
Skill 36: Oropharyngeal Suctioning Page 147

NAME: ______________________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: __________________

DATE: ______________________

SKILL 30: OXYGEN ADMINISTRATION

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine availability of equipment.	Ensure that all needed equipment is available.	Verbalize that equipment is present or needed.	________
2. Determine that medical oxygen is available.	1. Identify that "oxygen" is labeled on the cylinder. 2. Identify painted color of cylinder.	Accurately determine that medical oxygen is available.	________
3. Remove, inspect, and/or replace O-ring.	Visually assess the adequacy of O-ring.	Can remove, inspect, and replace O-ring correctly.	________
4. Determine adequacy of regulator assembly.	Visually inspect regulator assembly to insure it is free of dirt, grease, and other matter.	Accurately assess the assembly to insure against fire or explosion.	________
5. Clean head opening of foreign material.	Use cylinder wrench to release a burst of oxygen ("crack the cylinder").	Use wrench to turn valve 1/4 turn to left (counterclockwise) to release a burst of oxygen directed away from all persons.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
6. Attach regulator.	1. Choose an appropriately sized regulator; insure that the pins mate properly with the orifice on the cylinder.	Regulator slides into the cylinder head without forcing.	
	2. Tighten regulator onto the cylinder head finger tight (do not use wrench).	Cylinder does not leak when opened.	
7. Close flow-control knob on regulator.	Turn flow-control knob to "off" position until snug (do not over-tighten).	Oxygen flow is shut off when cylinder is opened.	
8. Open cylinder.	Use cylinder wrench to turn cylinder valve counterclockwise.	Oxygen flows to the first stage of the regulator. Pressure is indicated on the regulator gauge; valve must be opened sufficiently.	
9. Identify pressure.	Visually inspect and read pressure on regulator gauge.	Accurately identify pressure in cylinder.	
10. Set appropriate flow rate.	Turn regulator flow-control knob "on" until flow gauge reads appropriate liters per minute (appropriate flow rate will vary depending on the nature of illness or injury and delivery device).	Flow rate is set with 100 percent accuracy.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
11. Choose appropriate oxygen delivery mask.	Choose oxygen mask or cannula as indicated by patient condition and percentage of oxygen to be delivered to patient.	Oxygen mask or cannula is appropriate for percentage and liter per minute flow rate to be administered: NASAL CANNULA 5 to 8 L/min 35 to 50% SIMPLE FACE MASK 6 to 10 L/min 35 to 60% VENTURI MASK 4 or 8 L/min 24, 28, 35, or 40% PARTIAL REBREATHING MASK 6 to 10 L/min 35 to 60% NONREBREATHING MASK 10 to 12 L/min 90 to 100%	________
12. Connect mask to regulator.	Attach tubing from mask to regulator nipple, and begin appropriate flow of oxygen into mask as indicated by the status of patient.	Tubing should be secure enough not to fall off due to normal movement of cylinder or patient. Oxygen now available for patient application.	________
13. Place mask on patient.	Place mask over patient's mouth/nose (as indicated by type used); tighten strap to secure mask to patient.	Mask placed on patient without further injury, is snug without causing discomfort, and oxygen is now flowing to patient.	________

SAFETY NOTE: Always lay the cylinder down or leave it attached to a carrying device, to prevent damage to the regulator or injury to bystanders.

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL 31: POCKET MASK

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Open patient's airway.	Use head tilt/chin lift or the jaw thrust; do not tilt head if spinal injuries are suspected. **NOTE: It is recommended that an oropharyngeal airway be used with the pocket mask if available.**	Patient's airway is opened without further injury.	________
2. Place pocket mask to patient's face.	1. Place lower rim of mask between patient's lower lip and chin; hold the mask over the mouth and nose with the thumbs of both hands. (Mask may be inverted on small children to obtain a better seal.)	Mask covers patient's mouth and nose.	________
	2. Grasp the mandible at the corner of the jaws with the fingers of both hands.	EMT's hands are holding mask to patient's face while maintaining an open airway.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Press down firmly to obtain an airtight seal with the mask over patient's mouth and nose.	Airtight seal is maintained with mask.	______
3. Rescue breathe patient.	1. Place own mouth over opening in top of mask and deliver breaths to patient.	Patient's chest rises when EMT blows into mask.	______
	2. Maintain proper rescue breathing rate for patient.	Proper rate is maintained: children - 16 to 18 breaths per minute; adults - 12 breaths per minute.	______
4. Hook up supplemental oxygen.	1. Set up oxygen regulator (see Oxygen Administration).	Oxygen regulator is set up, ready for use.	______
	2. Set regulator to proper liters per minute flow (5-10 per minute).	Supplemental oxygen is now being administered to patient with each rescue breath.	______

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________ DATE: ____________________

SKILL 32: BAG VALVE MASK

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine availability of equipment.	1. Make sure that needed equipment is available.	Verbalize that equipment is present or needed.	______
	2. Insure proper-sized equipment is available for the presented patient (infant, child, or adult).	Appropriate-sized unit (bag valve mask) chosen, i.e., infant, child, or adult.	______
	3. Choose appropriate-sized mask to fit patient.	Mask fits patient's face with no air leaks.	______
2. Attach supplemental oxygen (if available).	1. Attach oxygen tubing from a charged oxygen cylinder.	Oxygen flows to bag valve resuscitator.	______
	2. Set regulator at appropriate flow rate.	Oxygen regulator set at minimum flow of 15 liters per minute.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
3. Open patient's airway.	Use head tilt/chin lift or jaw thrust maneuver. Do not tilt head if spinal injuries are suspected. A oropharyngeal airway should be used if available and tolerated.	Patient's airway is opened without further injury.	________
4. Place mask to patient's face.	Place lower rim of mask between patient's lower lip and chin; hold the mask over the mouth and nose with the thumb and first finger.	Mask covers patient's mouth and nose.	________
5. Apply ventilations.	1. For **breathing** patient: gently squeeze bag as patient begins inspiration.	Patient's chest rises when bag is squeezed.	________
	2. For **nonbreathing** patients: squeeze bag to administer breaths; maintain proper rescue breathing rate.	Patient's chest rises when bag is squeezed.	________
	3. Maintain proper rescue breathing rate. **NOTE: Dentures should not be routinely removed unless excessively loose, to assist with proper seal.**	Rescue breathing rate is maintained: infant - 20 breaths per minute; child - 16 to 18 breaths per minute; adult - 12 breaths per minute.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
6. Clean bag valve.	1. Remove, clean, and sanitize mask. 2. Remove, clean, and sanitize valve. 3. Clean and sanitize bag.	Bag valve resuscitator is cleaned, sanitized, and ready for use.	

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________ DATE: ____________________

SKILL 33: DEMAND VALVE RESUSCITATOR

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine availability of equipment.	Make sure that needed equipment is available.	Verbalize that equipment is present or needed.	________
2. Determine that medical oxygen is available.	1. Identify "oxygen" labeled on the cylinder. 2. Identify painted color (green) of cylinder.	Accurately determine that medical oxygen is available.	________
3. Remove, inspect, and/or replace O-ring.	Visually assess the adequacy of O-ring.	Can remove, inspect, and replace O-ring correctly.	________
4. Determine adequacy of regulator assembly.	1. Visually inspect regulator assembly. 2. Manually ensure snugness of all gauges.	Accurately assess the assembly to insure against fire or explosion.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Clean head opening of foreign material.	Use cylinder wrench to release a burst of oxygen ("crack the cylinder").	Use wrench to turn valve 1/4 turn to left (counterclockwise) to release a burst of oxygen, directed away from all persons.	________
6. Attach regulator assembly to cylinder.	1. Choose an appropriately sized regulator; insure PIN index matches properly.	Regulator slides into the cylinder head without forcing.	________
	2. Tighten regulator onto the cylinder head finger tight (do not use wrench).	Cylinder does not leak when opened.	________
7. Close flow-control knob on regulator.	Turn flow-control knob to "off" position until snug (do not use wrench).	Oxygen flow is shut off when cylinder is opened.	________
8. Open cylinder.	Use cylinder wrench to turn cylinder valve counterclockwise.	Oxygen flows to the first stage of the regulator; pressure is indicated on the regulator gauge.	________
9. Identify pressure in cylinder.	Read pressure on regulator gauge.	Accurately identify pressure in cylinder.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
10. Select proper mask size for patient and attach to demand valve.	Estimate size of patient and choose a mask that will seal around patient's mouth and nose.	Mask seals around patient's mouth and nose without leaks.	
11. Place mask over patient's mouth and nose.	Mask is held over patient's mouth and nose by placing the heels of the hands on the superior portion of the mask and the fingers extending along the sides of the mask, grasping the mandible to maintain an open airway.	Mask is placed over patient's mouth and nose, maintaining an airtight seal and open airway.	
NOTE: The method used to maintain an open airway is dependent on the presence of a spinal injury; i.e., jaw thrust should be used if spinal injury is suspected; head tilt would be incorrect if spinal injury suspectad.			
12. Administer oxygen to patient.	1. Modify hand position if necessary to operate triggering device; fingers of one hand may be released to operate trigger if unit is so equipped; units equipped with buttons may be operated with the thumb of one hand without modifying hand position.	Trigger is operated while maintaining airtight seal and an open airway.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Activate trigger and hold down; observe chest rise.	Identify that chest rises and falls with each cycle after activating and holding down trigger.	________
	3. If chest does not rise and fall with each cycle, reposition/check if airway and mask seal.	Mask seals around patient's mouth and nose and airway is opened.	________
	4. Activate trigger and hold down until chest rises.	Chest rises and falls with each cycle.	________

NOTE: DO NOT USE DEMAND VALVE RESUSCITATORS ON CHILDREN UNDER EIGHT (8) YEARS OF AGE!

NAME: ____________________

PROGRAM LOCATION: ____________________

EVALUATOR/INSTRUCTOR: ____________________

DATE: ____________________

SKILL 34: OROPHARYNGEAL AIRWAY INSERTION

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine unconsciousness.	1. Gently tap the patient and shout, "Are you okay?" 2. Check patient's response to painful stimuli (pressure to cuticle is strongly recommended).	Unconsciousness is confirmed by lack of response from patient.	________
2. Manually open airway.	Use either the head tilt/neck lift, or jaw thrust to open airway. (Head tilt is not used if spinal injury is suspected.)	Airway is opened without further injury to patient.	________
3. Select proper-sized oropharyngeal airway ("airway").	Measure the oropharyngeal airway on the patient; airway should measure from the corner of the patient's mouth to the tip of the ear lobe. (Measure airway externally.)	Correct airway size is selected.	________
4. Open patient's mouth.	Use the cross-finger technique to open patient's mouth.	Patient's mouth is opened.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Insert oropharyngeal airway.	1. Grasp oropharyngeal airway with the fingers of one hand.	Oropharyngeal airway is held with one hand while the other hand holds the mouth open.	______
	2. Begin insertion with the curved tip facing upward (toward the roof of the patient's mouth).		
NOTE: IF GAG REFLEX IS PRESENT, WITHDRAW AIRWAY AND DISCONTINUE INSERTION ATTEMPTS.	3. Insert airway into patient's mouth; when the airway is approximately halfway in, rotate the airway 180 degrees so the airway follows the curvature of the tongue.	Oropharyngeal airway is inserted without pushing the tongue back, obstructing the patient's airway.	______
	4. Continue to insert the airway until the flange rests against the patient's lips or teeth.	Oropharyngeal airway is inserted deep enough to hold the tongue clear of the airway (patient has an open airway).	______
	5. Reevaluate airway patency (air exchange).	Airway is open with air exchange.	______
6. Check and insure an open airway.	Visually inspect oropharyngeal airway every few minutes to insure proper placement is maintained.	Airway is kept open, and oropharyngeal airway is in proper position.	______

NAME: ____________________ EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________ DATE: ____________________

SKILL 35: NASOPHARYNGEAL AIRWAY INSERTION

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Select proper-sized nasopharyngeal airway.	1. Measure nasopharyngeal airway length from the tip of patient's nose to the bottom of the ear lobe. (Measure externally.)	Correct airway size is selected.	
	2. Match outside diameter of the nasopharyngeal airway with patient's fourth (little) finger.	Diameter of nasopharyngeal airway matches that of patient's fourth (little) finger.	
2. Lubricate tube.	Lubricate the outside of the nasopharyngeal airway with a water-soluble jelly. (Never use petroleum-based jelly.)	1. Outside of nasopharyngeal airway is lubricated to minimize damage to soft tissue of the nasal passages.	
		2. No lubricant is placed inside nasopharyngeal airway due to possible airway obstruction.	
3. Insert nasopharyngeal airway.	1. Grasp airway between thumb and forefinger of one hand.	Nasopharyngeal airway can be handled with one hand.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Insert tapered end into one nostril with the beveled edge facing midline, following the natural curvature of the nasal passage with the tip downward. (If resistance is met, do not use force.)	Airway causes no damage to soft tissues during insertion.	________
	3. Insert airway until the flange rests against the nostril.	Tip of nasopharyngeal airway rests in the patient's pharynx; patient has a patent airway.	________

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________ DATE: ______________________

SKILL 36: OROPHARYNGEAL SUCTIONING

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine availability of equipment.	Ensure availability of the proper equipment.	Verbalize that equipment is present or needed.	______
2. Preoxygenate the patient.	If possible, hyperventilate the patient with oxygen for 3 minutes prior to suctioning via an appropriate delivery mechanism.		
3. Select suction catheter.	Select rigid suction catheter.	A rigid suction catheter for suctioning patients is selected.	______
4. Determine adequacy of suction device.	1. Inspect suction unit to insure it is correctly assembled and proper source is connected.	Visually inspect unit for assembly and proper source.	______
	2. Switch suction unit "on" and clamp hose; check to insure suction unit is developing proper suction.	Suction unit develops at least 300 mm Hg suction, as shown on the suction gauge, with base of hose clamped.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Attach suction catheter, and submerge tip in rinse water; occlude the opening in the upper portion of the catheter to draw through the catheter; leave unit on.	Water is drawn through the catheter, demonstrating unit is ready for immediate use.	
5. Open patient's mouth.	Use the cross-finger technique to open patient's mouth. Sweep any obvious solids and fluids out of mouth.	Patient's mouth is opened without inserting EMT's fingers in patient's mouth. Pharynx prepared for suctioning.	
6. Clear solid material from mouth.	Use fingers to sweep collection of solids and fluids from mouth. (Use bite stick for personal protection.)	Mouth is cleared of large obstructions.	
7. Insert suction catheter.	1. Insert suction catheter into patient's pharynx. (Do not insert beyond pharynx.)	Suction catheter is inserted into pharynx to begin suctioning.	
	2. Opening in upper portion of catheter is left open during insertion.	No suctioning occurs during insertion of suction catheter.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
8. Apply suction.	1. Occlude opening in upper portion of suction catheter.	Suction is applied to patient.	
	2. Move catheter around in pharynx and slowly withdraw the catheter at the same time.	Soft tissue in the mouth and pharynx do not occlude the suction catheter.	
	3. Withdraw suction catheter.		
	4. Repeat process as needed.	Suction is applied for no more than 10 seconds without reoxygenating patient.	
9. Reoxygenate patient.	Place patient on oxygen via an appropriate delivery system.	Patient is oxygenated to replace oxygen that was removed during suctioning.	
10. Clean suction unit after use.	Demonstrate cleaning and sanitizing tubing and catheters, and replacing collection bag.	All parts contaminated by contact with secretions are cleaned and sanitized, or discarded, as appropriate.	
11. Reassemble suction unit.	Suction unit is reassembled with clean collection bag and tubing.	Suction unit is ready for use.	

NOTE: This procedure is used for routine airway suctioning. Emergency suction to gain control of an airway would follow different procedures.

TAPE FIVE

Skill Areas

Skill 37: Basic Hemorrhage Control (Direct Pressure Bandage) Page 153
Skill 38: Wound Dressing Page 155
Skill 39: Tourniquet Application Page 157
Skill 40: Basic Shock Management Page 159
Skill 41: Pneumatic Anti-Shock Garment (PASG) Page 161
Skill 42: Normal Childbirth Page 165

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 37: BASIC HEMORRHAGE CONTROL (Direct Pressure Bandage)

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Expose wound.	Cut clothing away from wound.	Wound exposed to allow access and hemorrhage control.	
2. Apply direct pressure.	1. Choose an appropriate sized dressing.	1. Dressing is large enough to cover wound completely.	
	2. Place dressing over wound using aseptic technique and press down firmly.	2. Dressing is handled aseptically and placed over wound without contaminating wound or dressing.	
		Firm pressure is applied to wound through dressing.	
	3. If dressing soaks with blood, add additional dressings.	3. Dressings applied over the top of original dressing; **never remove dressing once applied.**	
3. Elevate wound (if possible).	If bleeding continues, elevate wound above heart level.	Wound is elevated above heart level without causing further injury; direct pressure is maintained over wound.	

	COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
4.	Apply pressure at arterial pressure point.	If bleeding continues, apply pressure at an arterial pressure point between wound and heart.	Pressure is applied at an arterial pressure point between wound and heart without further injury.	________
5.	Apply tourniquet (see Tourniquet Application).	If bleeding continues, apply a tourniquet (extremities only).	Tourniquet is applied between wound and heart (extremities only).	________

NAME: ______________________ EVALUATOR/INSTRUCTOR: ______________

PROGRAM LOCATION: ______________ DATE: ______________

SKILL 38: WOUND DRESSING

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Cover wound aseptically.	Remove dressing from sterile wrapping to avoid contaminating the portion that will be placed on the wound. Place dressing on wound.	Wound is dressed without contamination.	______
2. Secure dressing.	Remove bandage from package and wrap around patient, or tape to patient if wrapping is not feasible.	Dressing is secured to patient.	______
3. Elevate wound (if on extremity).	Elevate wound above the level of the heart.	Wound elevated to help control bleeding and edema.	______
4. Complete Pulse, Motor, Sensory (PMS) assessment.	Check distal pulse. Have conscious patient wiggle fingers. Pinch finger and have patient identify which finger was pinched.	Post-dressing application PMS status verified.	______

NAME: ____________________
EVALUATOR/INSTRUCTOR: ____________________
PROGRAM LOCATION: ____________________
DATE: ____________________

SKILL 39: TOURNIQUET APPLICATION

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Determine need for tourniquet.	Identify that a tourniquet is needed.	Verbalize that all other methods of hemorrhage control have failed.	______
2. Prepare equipment.	Fold a bandage 3 to 4 inches wide, long enough to circle the limb twice.	Bandage will not cut into tissue when applied.	______
3. Apply tourniquet (bandage).	1. Wrap bandage around extremity twice with ends on top of extremity; place bandage proximal to wound, just above the elbow or knee.	Ends of bandage on top of extremity, bandage folded to a width of 3 to 4 inches; loss of blood supply to undamaged tissue is minimized.	______
	2. Tie ends of bandage in overhand knot; insert rod on top of knot; tie rod in place with another overhand knot.	Rod is secured in bandage, ready to tighten.	______
4. Tighten tourniquet.	Twist rod, tightening tourniquet until bleeding is controlled.	Bleeding is controlled.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Tie tourniquet rod to patient.	Tie tourniquet rod to patient with an additional bandage to prevent loosening.	Tourniquet is secured without loosening.	________
6. Note time of application.	Write time of application on patient's chart or on patient in a visible place (i.e., forehead).	Patient is clearly identified as high-priority patient.	________

NOTE: A blood-pressure cuff (sphygmomanometer) may be used as a tourniquet. Tourniquets are never loosened in the field.

NAME: ____________________

EVALUATOR/INSTRUCTOR: ____________________

PROGRAM LOCATION: ____________________

DATE: ____________________

SKILL 40: BASIC SHOCK MANAGEMENT

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Recognize shock.	Check patient's blood pressure, pulse, respirations, skin color and temperature, pupils, level of consciousness, etc.	Signs and symptoms of shock identified.	________
2. Administer oxygen.	Select proper mask to deliver percentage of oxygen required (simple face mask - 35 to 60%; partial rebreather - in excess of 60%; nonrebreather - up to 100%).	Oxygen properly delivered to patient (proper amount and through appropriate appliance).	________
3. Keep patient warm.	Place blanket under and over patient to prevent cooling (do not overheat the patient).	Patient's body temperature is maintained.	________
4. Elevate lower extremities.	Elevate lower extremities approximately 12 inches if injuries allow.	Patient's extremities are elevated above the level of the heart.	________
5. Monitor patient.	Retake B/P, pulse, respirations; reevaluate pupils, skin color, and temperature. Insure airway is maintained.	Patient is monitored for improving/deteriorating condition.	________

NAME: ______________________________ EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ________________ DATE: ______________________

SKILL 41: PNEUMATIC ANTI-SHOCK GARMENT (PASG)

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Identify the need for PASG application.	Take vital signs and observe patient for signs and symptoms of shock.	Identify B/P below 80 mm Hg systolic accompanied by signs and symptoms of shock.	__________
2. Prepare PASG for use.	1. Remove the patient's clothing as needed.	Clothing that might cause injury to patient or damage to PASG with inflation pressure are removed.	__________
	2. Place the pants flat, below the patient's feet, with the center leg sections and abdominal section rolled together.	PASG positioned for placement on patient.	__________
3. Place PASG on patient.	1. Kneel on either side of the patient. Grasp the ankle with the hand closer to the head of the patient, while grasping the top of the PASG with the other hand.	Rescuers are properly positioned for PASG application.	__________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Raise the patient's ankles and slide the PASG **COMPLETELY** under the patient's legs, then lower patient's feet.		
	3. Working together, slide the garment up to the patient's hips.		
	4. Raise the patient's hips, simultaneously sliding the pants into proper position with the top of the pants at the costal margin.	PASG positioned on patient without injury.	__________
4. Secure PASG to patient.	1. Locate costal margin (lower ribs) and insure PASG is placed below ribs.	PASG positioned on patient below rib cage.	__________
	2. Secure the leg sections making sure at least **80%** of the velcro is in contact, and that the closures are smooth. The patient's feet should remain exposed.	Patient's feet are accessible after PASG is secured to the patient.	__________
	3. Secure the abdominal sections making sure at least **80%** of the velcro is in contact, and that the closures are smooth.	PASG is properly secured to the patient.	__________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
5. Attach inflation hoses.	Identify color code and attach like-colored hoses (i.e., red to red). Close all valves.	Inflation hoses are connected and ready for inflating the PASG.	
6. Inflate PASG.	1. Open valves to the leg compartment (both legs).	Ready to inflate leg compartments.	
	2. Inflate leg compartments until pop-off valves are activated.	Leg compartments are inflated to the required pressure.	
	3. Close valves to leg compartment. Repeat vital signs.	Leg compartment valves are closed to maintain pressure. Vital signs are taken and recorded.	
	4. Open abdominal compartment and inflate until pop-off valve activates.	Abdominal compartment is inflated.	
	5. Close abdominal compartment valve and repeat vital signs.	Abdominal valve is closed to maintain pressure. Vital signs are repeated and recorded.	
	6. Reevaluate patient.	Monitor patient and transport to medical facility.	
	7. Record time PASG inflation completed.	Time of inflation recorded and reported to emergency room physician.	

CONTRAINDICATIONS

At the present time, the only major contraindication to the utilization of PASG is frank pulmonary edema. In the State of Oklahoma, the Technical Medical Direction Committee has also included impaled objects in the area that the PASG is covering, evisceration of abdominal organs (use the legs only), pregnant women in the third trimester (legs only), and SEVERE respiratory distress as situations that also contraindicate PASG. As with all skills, the EMT must be alert for out-of-the-ordinary problems and situations. **COMMON SENSE MUST PREVAIL.** Being fully aware of the dynamics and function of the PASG is essential.

DEFLATION OF PASG

EMTs should never deflate PASG outside of the hospital. Also, though this is not an EMT skill, the EMT does need to know the correct procedure for deflation of the PASG. .Only a physician can order deflation of PASG after patient is stabilized in emergency room.

1. Check blood pressure.
2. Start IV lines.
3. Stabilize patient's vital signs with IV fluids to replace volume loss.
4. Decrease pressure of the abdominal compartment by releasing small amounts of air at a time.
5. Recheck vital signs between each release of air.
   a. If blood pressure is stable, continue deflation as described in part 4. (Continue deflation until entire abdominal compartment is obtained.)
   b. If blood pressure drops, re-inflate to last pressure and stabilize patient with IV fluids.
6. Check blood pressure.
7. Decrease pressure in leg compartments individually, procedure same as with abdominal compartment. (Listed part 4 and 5.)
8. Check blood pressure.

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL 42: NORMAL CHILDBIRTH

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Identify if delivery is imminent.	1. Ask mother if labor pains are less than 2 minutes apart.	Accurately identifies if labor pains are less than 2 minutes apart.	________
	2. Ask mother if this is her first pregnancy.	Accurately identifies if this is mother's first pregnancy.	________
	3. Ask mother if she feels that she needs to move her bowels.	Identifies if mother feels that she needs to move her bowels.	________
	4. Remove clothing to expose perineum.	Clothing obstructions are removed.	________
2. Prepare mother for delivery.	1. Verbally explain procedure to mother.	Mother is informed about procedure to be done.	________
	2. Place mother in a supine position with her knees flexed.	Mother properly positioned for delivery.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Visually inspect vagina for crowning if labor pains are less than two minutes apart or if mother feels the need to move her bowels.	Accurately identifies if crowning is present.	
3. Prepare equipment for delivery.	1. Open OB kit and place equipment to the side, within easy reach.	Equipment is ready for use without contamination.	
	2. Wash hands and put on sterile gloves.	1. EMT can handle equipment without contaminating it.	
		2. EMT uses aseptic technique while donning items.	
4. Drape mother for delivery.	1. Place one drape (provided in OB kit) under mother's buttocks; this is done by having the mother raise her buttocks and sliding the drape under her.	Drape is placed without contaminating drape or hands (aseptic technique).	
	2. Place a drape over each of the mother's thighs without touching anything except the drape with the gloved hands.	Drapes are placed without contaminating drape or hands (aseptic technique).	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	3. Place one drape over mother's abdomen and thighs.	1. Drape is placed without contaminating drape or hands (aseptic technique).	______
		2. Mother is covered with drapes to lessen chances of contamination to infant without contaminating the EMT's hands.	______
5. Prevent explosive delivery.	1. EMT places one hand on top of the infant's head as the head presents from the vagina.	Gentle counterpressure is applied to infant's head to prevent tearing the perineum.	______
	2. Support the infant's head during presentation and delivery.	Infant's head is supported to prevent injury during presentation and delivery.	______
6. Check for umbilical cord wrapped around neck.	1. Feel around the infant's neck to identify if the umbilical cord is wrapped around it.	Accurately identifies if umbilical cord is around infant's neck.	______
	2. Loosen and remove cord from around infant's neck gently (do not force) while supporting the infant's head.	Loosen and remove cord from around neck without damage to cord or infant.	______

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
7. Suction infant's airway.	1. Compress bulb syringe before placing it into the infant's nose. (Infants are nose breathers; suction the nostrils first!)	Bulb syringe compressed prior to inserting into nose.	
	2. Release bulb syringe slowly to remove accumulations of mucus or amniotic fluid.	Nose is suctioned without injury to infant.	
	3. Compress the bulb syringe before placing it into infant's mouth.	Bulb syringe compressed prior to inserting into mouth.	
	4. Release bulb syringe slowly to remove accumulations of mucus or amniotic fluid.	Mouth is suctioned without injury to infant.	
	5. Repeat suctioning the infant's airway.	Airway is cleared of mucus and fluids without injury to infant.	
8. Deliver shoulders.	1. After infant has rotated 90 degrees, gently guide the infant's head downward to assist delivery of the upper shoulder.	Infant's head is guided downward without pulling or forcing to assist in the delivery of the upper shoulder; infant's head is supported with both hands.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. After upper shoulder presents, gently guide the infant's head upward to assist delivery of the lower shoulder.	Infant's head is guided upward without pulling or forcing to assist in delivery of the lower shoulder; infant's head is supported with both hands.	
9. Deliver torso and legs.	Support infant's head and shoulders with both hands as the torso and legs are delivered; one hand should support the head and shoulders while the other supports the torso and legs.	Infant is supported during delivery, without dropping or losing control of the infant's body.	
10. Assess infant.	Confirm respiration and pulse.	Identify signs of life.	
11. Record time of birth.	Record the time of birth for the medical record.	Accurately record time of birth.	
12. Wrap infant in blanket.	Wrap infant in blanket or "silver swaddler"; place infant on surface level with mother's birth canal.	Infant's body heat is maintained; infant is positioned properly for cutting umbilical cord.	
13. Clamp umbilical cord.	Place two clamps on the umbilical cord two inches apart, 10-12 inches from the infant. Infant must be positioned lower than the placenta.	Umbilical cord is clamped 10-12 inches from infant.	
14. Cut umbilical cord.	Cut the umbilical cord between the clamps with sterile scissors or scalpel.	Umbilical cord is cut with sterile utensil.	

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
15. Tie umbilical cord.	Tie umbilical cord with ties provided in the OB kit approximately 1 inch proximally from the clamps; check ends of cord for bleeding; place additional ties if necessary.	Umbilical cord is tied gently without trauma to the cord 1 inch proximally from the clamps.	________
16. Place infant at mother's breast to nurse.	Place infant at mother's breast; encourage the mother to nurse the infant.	Infant given to mother (provided mother is well enough).	________
17. Deliver placenta.	1. Allow placenta to be delivered by normal contractions.	Placenta is delivered without pulling on cord.	________
	2. Wrap placenta in a plastic bag or container and transport to hospital with mother and infant.	Placenta is taken to hospital for examination by physician for completeness.	________
18. Massage fundus.	Gently massage fundus in a circular motion to stimulate contraction of the uterus.	Fundus is massaged to assist contraction and control bleeding.	________
19. Dress vaginal opening.	Dress vaginal opening with a sterile sanitary napkin or bulky dressing.	Vaginal opening is dressed to prevent contamination; dressings are handled aseptically.	________

NOTES:	**If placenta fails to deliver within 20 minutes, expedite transportation to the medical facility.** **Competency 14, "Cut umbilical cord," can be omitted without harm to the infant or mother. Many physicians prefer that this process (cutting the cord) not be performed by the EMT outside the hospital. All other competencies remain intact.**

APPENDIX 1

Skill: Short Spine Board

NOTE: This skill is not demonstrated on the videotape.

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL: SHORT SPINE BOARD

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Manual stabilization.	First rescuer applies manual stabilization of head and neck of patient. **NOTE: Manual stabilization is continued until the head and neck is totally immobilized by the short spine board.**	Manual stabilization required until mechanical stabilization complete.	________
2. Complete PMS assessment.	Check PMS. Check for distal pulse. Check capillary refill by placing slight pressure on nail bed. If patient is **RESPONSIVE**, stimulate by grasping a digit and squeezing. Ask patient to identify digit. Have patient wiggle fingers or toes; perform the hand squeeze test. If patient is **UNRESPONSIVE**, stimulate by applying firm pressure over a nail	Confirmation of PMS status is completed.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	bed and checking for reaction. Be certain to secure leg before applying painful stimuli.		
3. Attach cervical collar.	1. EMT maintains spinal alignment/stabilization while second EMT attaches collar.	Spinal alignment stabilization is maintained.	
	2. Second EMT selects properly sized cervical collar and secures it snugly around patient's neck and fastens closures.	Cervical collar is properly placed without compromising the airway.	
	3. Second EMT conducts PMS checks.		
4. Position short board.	EMT stabilizing head directs slight repositioning of patient to facilitate insertion of board. Measure short board to top of shoulders. The shoulder ridge should be no lower than the shoulder ridge on the patient. Head and spine must be moved as a unit.	Short spine board in place.	
5. Position straps. (Lace straps prior to positioning board.)	1. Insert tongue of the strap through upper slot on one side of board.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Pass strap across patient's chest and pull it through opposite lower strap slot, from inside to outside.		________
	3. Carry strap over and around patient's thigh, keeping strap as close to groin as possible, and sweeping male genitalia medially; pad if indicated.		________
	4. Bring strap up from outside of thigh and pass tongue of strap through buckle and secure.		________
	5. Repeat process with opposite strap.		________
6. Secure head to board.	Second EMT positions padding between base of skull and superior portion of shoulders, to allow head to maintain neutral position. Head is then secured with self-adhering bandage, tape, or Velcro straps. (Material used must pass through lowest notches or slots on cervical position of board.)	Head is secured to board.	________
7. Readjust straps.	Check straps for "snugness" so patient is firmly strapped to board.		

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	(Buckles must be high enough on chest to allow CPR if indicated, yet without placing pressure on clavicles.)	Patient's torso secured to splint.	________
8. Secure extremities.	Wrist and knees should be loosely bound for control and safety.	Patient's extremities controlled to prevent injury during extrication phase.	________
9. Place patient on long spine board.	Have a third person slide the long board horizontally under patient's thigh (torso expected rotational side).	Long board placed for application to patient.	________
10. Rotate patient.	First and second rescuers gently rotate patient. Legs must be separated and rotated simultaneously to keep full body alignment. LIFT PATIENT; DO NOT LIFT BOARD.	Patient maneuvered for placement on long spine board.	________
11. Secure patient to long board.	Rescuers should gently lower patient onto long spine board, supporting legs in flexed position, releasing straps when patient is fully onto long board. **NOTE: Rescuers must secure patient adequately to long spine board to prevent vertical or lateral movement of patient.**	Patient fully placed on long spine board.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
12. Reevaluate PMS.	Check distal pulses. If conscious, toes wiggled by victim; capillary refill checked.	Immobilization complete. Post-immobilization PMS status confirmed.	______

NOTE: It is acceptable to strap the torso first, then secure the head.

REFERENCE

Emergency Care and Transportation of the Sick and Injured, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 239-242.

APPENDIX 2

Skill: Pneumatic Anti-Shock Garment (PASG)

NOTE: This procedure can be performed on a patient who has no spinal injury.

NAME: ______________________

EVALUATOR/INSTRUCTOR: ______________________

PROGRAM LOCATION: ______________________

DATE: ______________________

SKILL: PNEUMATIC ANTI-SHOCK GARMENT (PASG)

NOTE: This procedure can be performed on a patient who has no spinal injury.

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
1. Identify the need for PASG application.	Take vital signs and observe patient for signs and symptoms of shock.	Identify B/P below 80 mm Hg systolic accompanied by signs and symptoms of shock.	________
2. Prepare PASG for use.	1. Unfold and place PASG on a long spine board.	PASG positioned to receive patient.	________
	2. Remove the patient's clothing as needed.	Clothing that might cause injury to patient or damage to PASG with inflation pressure are removed.	________
3. Place patient on PASG.	Utilize 3-person log roll or other similar technique to maintain spinal alignment.	Patient placed on PASG without further injury.	________
4. Secure PASG to patient.	1. Locate costal margin (lower ribs) and insure PASG are placed below ribs.	PASG positioned on patient below rib cage.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	2. Fold PASG around patient correctly; secure sections making sure at least 80% of the Velcro is in contact, and that the closures are smooth. Patient's feet should remain exposed.	Patient's feet are accessible after PASG is secured to the patient.	________
5. Attach inflation hoses.	Identify color code and attach like-colored hoses (i.e., red to red). Close all valves.	Inflation hoses are connected and ready for inflating the PASG.	________
6. Inflate PASG.	1. Open valves to the leg compartment (both legs).	Ready to inflate leg compartments.	________
	2. Inflate leg compartments until pop-off valves are activated.	Leg compartments are inflated to the required pressure.	________
	3. Close valves to leg compartment. Repeat vital signs.	Leg compartment valves are closed to maintain pressure. Vital signs are taken and recorded.	________
	4. Open abdominal compartment and inflate until pop-off valve activates.	Abdominal compartment is inflated.	________
	5. Close abdominal compartment valve and repeat vital signs.	Abdominal valve is closed to maintain pressure. Vital signs are repeated and recorded.	________

COMPETENCY	PROCESS	RESULT	VERIFICATION DATE
	6. Reevaluate patient.	Monitor patient and transport to medical facility.	
	7. Record time PASG inflation completed.	Time of inflation recorded and reported to emergency room physician.	

CONTRAINDICATIONS

At the present time, the only major contraindication to the utilization of PASG is frank pulmonary edema. In the State of Oklahoma, the Technical Medical Direction Committee has also included impaled objects in the area that the PASG is covering, evisceration of abdominal organs (use the legs only), pregnant women in the third trimester (legs only), and **SEVERE** respiratory distress as situations that also contraindicate PASG. As with all skills, the EMT must be alert for out-of-the-ordinary problems and situations. **COMMON SENSE MUST PREVAIL.** Being fully aware of the dynamics and function of the PASG is essential.

DEFLATION OF PASG

EMTs should never deflate PASG outside of the hospital. Also, though this is not an EMT skill, the EMT does need to know the correct procedure for deflation of the PASG. Only a physician can order deflation of PASG after patient is stabilized in emergency room.

1. Check blood pressure.
2. Start IV lines.
3. Stabilize patient's vital signs with IV fluids to replace volume loss.
4. Decrease pressure of the abdominal compartment by releasing small amounts of air at a time.

5. Recheck vital signs between each release of air.
    a. If blood pressure is stable, continue deflation as described in part 4. (Continue deflation until entire abdominal compartment is obtained.)
    b. If blood pressure drops, re-inflate to last pressure and stabilize patient with IV fluids.
6. Check blood pressure.
7. Decrease pressure in leg compartments individually, procedure same as with abdominal compartment. (Listed part 4 and 5.)
8. Check blood pressure.

APPENDIX 3

REFERENCES

REFERENCES

Skill 1

1. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 35, 36.

Skill 2

2. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; p. 36.

Skill 3

3. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 36-38.

Skill 4

4. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 38.

Skill 6

5. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 45-48.

Skill 7

6. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 50-64.

Skill 8

7. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 47-48.

Skill 9

8. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 51-54.

Skill 10

9. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 61-68.

Skill 11

10. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 63-68.

Skill 12

11. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 63-68.

Skill 13

12. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 55-59.

Skill 14

13. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 55-59.

Skill 15

14. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; pp. 55-59.

Skill 16

15. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; p. 68.

Skill 17

16. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; p. 68, 177.

Skill 18

17. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; p. 68, 178.

Skill 19

18. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; p. 174.

Skill 20

19. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; p. 174.

Skill 21

20. *Instructor's Manual for Basic Life Support.* American Heart Association, 1990; p. 175.

Skill 22

21. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 189-191.

Skill 23

22. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 189-191.

Skill 24

23. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 190-193.

Skill 25

24. *Sager Manufacturer's Booklet.*

Skill 26

25. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 237-239.

Skill 27

26. *KED Manufacturer's Booklet.*

Skill 28

27. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 239-240.

Skill 29

28. Hafen, Brent Q., and Keith J. Karren. *Prehospital Emergency Care and Crisis Intervention*, 2nd ed. Englewood, Colorado: Morton Publishing Co., 1983; pp. 568-570.

Skill 30

29. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 108-122.

Skill 31

30. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 108-110.

Skill 32

31. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 112-113.

Skill 33

32. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 121-122.

Skill 34

33. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 110-111.

Skill 35

34. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 111-112.

Skill 36

35. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 113-114.

Skill 37

36. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 125-126.

Skill 38

37. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 125-126, 153.

Skill 39

38. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 126-128.

Skill 40

39. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 133-139.

Skill 42

40. *Emergency Care and Transportation of the Sick and Injured*, 4th ed. Chicago, Illinois: American Academy of Orthopaedic Surgeons, 1987; pp. 396-409.